

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90071 017 ****61.25

DOCUMENT # N96000006108 1. Entity Name APPETITE FOR LIFE, INC.					
Principal Place of Business 14 WEST JORDAN STREET SUITE 1A PENSACOLA, FL 32501			Mailing Address P O BOX 308 PENSACOLA, FL 32591		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3415148	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOFFMAN, BRIAN W 226 S PALAFOX PLACE, 9TH FLOOR SEVILLE TOWER PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFFMAN, BRIAN W 226 S PALAFOX PLACE, 9TH FLOOR PENSACOLA, FL 32502		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoffman, Brian W 226 S. Palafox Place, 9th Floor Pensacola, FL 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, JULIAN 4036 TONBRIDGE CIRCLE PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amy Miller Port of Pensacola, P.O. Box 889 Pensacola, FL 32591-0889	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENWELL, SUSAN 1010 N 12TH AVE PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greenwell, Susan 1010 N. 12th Ave Pensacola, FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHARD, CELESTE 4640 JOHNNY'S WAY MILTON, FL 32583		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Southard, Celeste 8862 Grow Drive Pensacola, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, RAY 38128 ARBOR RIDGE LILLIAN, AL 36549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hoxeng Mary 7251 plantation Rd. Pensacola, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIELDS, SHEBBIE 701 SOUTHERN CT GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greenwell, Susan Kirschenfeld, Kim 13 seashore Dr. Pensacola Beach, FL 32561	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-12-2007 850-434-2411 Date Daytime Phone #		

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