

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000005786

1. Corporation Name

Foundation for Life Inc.

Principal Place of Business

Mailing Address

1420 Place Picardy
Winter Park, FL. 32789

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 PM 4:53

600003035436--3
-11/04/99--01081--011
*****61.25 *****61.25

2 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10-13-97
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	593473496
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

ASHLY KOHLY
1420 Place Picardy
Winter Park, FL. 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D	ASHLY KOHLY		
STREET ADDRESS	1420 Pl. Picardy	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	Winter Park, FL. 32789	2.1 TITLE	2.2 NAME
TITLE	D		
NAME	SCOTT LORENZ	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	1420 Pl. Picardy		
CITY-ST-ZIP	W.P., FL. 32789	3.1 TITLE	3.2 NAME
TITLE	D		
NAME	PATRICIA PERKINS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	2225 EDNOR ST.		
CITY-ST-ZIP	Port Charlotte, FL. 33980	4.1 TITLE	4.2 NAME
TITLE			
NAME		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE			
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP		6.1 TITLE	6.2 NAME
TITLE			
NAME		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 holder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, 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

Date

Daytime Phone #

10-7-99 407-539-5155

CR2E037 (11/98)