

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023045

FILED
Feb 12, 2006
Secretary of State

Entity Name: LIVING WELL AFCH OF PORT ORANGE INC.

Current Principal Place of Business:

1229 JEFFREY DR
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1229 JEFFREY DR
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 20-0724010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROUSE, SANDRA
1229 JEFFREY DR
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAIDA, ANJANETTE
Address: 497 WATER MILLS TRACE
City-St-Zip: RINGGOLD, GA 30736

Title: VP () Delete
Name: PROUSE, SANDRA
Address: 1229 JEFFREY DR
City-St-Zip: PORT ORANGE, FL 32129

Title: ST () Delete
Name: MAIDA, JAMES
Address: 497 WATER MILLS TRAVE
City-St-Zip: RINGGOLD, GA 30736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAIDA, ANJANETTE
Address: 497 WATER MILL TRACE
City-St-Zip: RINGGOLD, GA 30736

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MAIDA, JAMES
Address: 497 WATER MILL TRACE
City-St-Zip: RINGGOLD, GA 30736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANJANETTE MAIDA

P

02/12/2006

Electronic Signature of Signing Officer or Director

Date