

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007745

Entity Name: A BETTER LIFE FOUNDATION, INC.**Current Principal Place of Business:**C/O ANDERS HOEGH
2831 S BAYSHORE DRIVE UNIT 1706
MIAMI, FL 33133**Current Mailing Address:**2831 S BAYSHORE DRIVE
1706
MIAMI, FL 33133 US**FEI Number:** 20-1830671**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**A&A REGISTERED AGENT, INC.
135 SAN LORENZO AVENUE
SUITE 820
CORAL GABLES, FL 33146 US*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**Officer/Director Detail :**Title PRESIDENT, DIRECTOR
Name HOEGH, ANDERS
Address 2831 S BAYSHORE DR
 17076
City-State-Zip: MIAMI FL 33133Title SECRETARY, DIRECTOR
Name BLACKMAN, JOAN
Address 2831 S BAYSHORE
 17906
City-State-Zip: MIAMI FL 33133Title DIRECTOR
Name SUTHERLAND, MARK
Address 3859 CARBON CANYON ROAD
City-State-Zip: MALIBU CA 90265Title TREASURER, DIRECTOR
Name JENSEN, TROND
Address 6120 RIVIERA DRIVE
City-State-Zip: CORAL GABLES FL 33146Title DIRECTOR
Name HOEGH, HANS PETTER
Address MIKJELSBAKKEN 1A
City-State-Zip: OSLO OSLO 03780Title DIRECTOR
Name CHRISTENSEN, MARCUS ALFRED
Address 2600 BIRD AVENUE
City-State-Zip: MIAMI FL 33133Title DIRECTOR
Name CHRISTENSEN, VICTORIA JACE
Address 2600 BIRD AVENUE
City-State-Zip: MIAMI FL 33133

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDERS HOEGH**PRESIDENT****01/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date