

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011228

Entity Name: LIFELINES OUTDOORS, INC.**Current Principal Place of Business:**100 LAKE HART DR. 3500
ORLANDO, FL 32832-0100**Current Mailing Address:**100 LAKE HART DR. 3500
ORLANDO, FL 32832-0100 US**FEI Number:** 20-1945731**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 BROWN, MARK W
Address 100 LAKE HART DR.- 3500
City-State-Zip: ORLANDO FL 32832-0100

Title S
Name BOUCHARD, BARBARA
Address 100 LAKE HART DR. 3500
City-State-Zip: ORLANDO FL 32832-0100

Title DIRECTOR
Name MARTINELLI, DAVID
Address 100 LAKE HART DRIVE - 3500
City-State-Zip: ORLANDO FL 32832

Title TREASURER
Name TJERNAGEL, MARK D.
Address 100 LAKE HART DRIVE - 3500
City-State-Zip: ORLANDO FL 32832

Title ASST. SECRETARY
Name O'NEILL, BRENT
Address 100 LAKE HART DR. 3500
City-State-Zip: ORLANDO FL 32832-0100

Title DIRECTOR
Name EBERT, GORDON
Address 100 LAKE HART DR. 3500
City-State-Zip: ORLANDO FL 32832-0100

Title DIRECTOR
Name POWELL, SHANA
Address 100 LAKE HART DR. 3500
City-State-Zip: ORLANDO FL 32832-0100

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: BARBARA BOUCHARD**SECRETARY****04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date