

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000018

**Entity Name:** DADS 4LIFE, INC.

**Current Principal Place of Business:**

1379 HANNAH ROAD  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

1379 HANNAH ROAD  
JACKSONVILLE, FL 32220 US

**FEI Number:** 20-3696683

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOWERS, KEITH M  
1379 HANNAH ROAD  
JACKSONVILLE, FL 32220 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 D  
Name JOWERS, KEITH M  
Address 1379 HANNAH ROAD  
City-State-Zip: JACKSONVILLE FL 32220

Title D  
Name WEBBER, LOU  
Address 5560 NORMANDY BLVD  
City-State-Zip: JACKSONVILLE FL 32205

Title D  
Name WILSON, CHARLES  
Address 3030 HARTLEY ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title D  
Name TRAVIS, CHARLES D  
Address 9200 REGENCY SQ BLVD  
City-State-Zip: JACKSONVILLE FL 32211

*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:** KEITH JOWERS

**DIRECTOR**

**02/06/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date