2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2015
Secretary of State
CC8773158712

DOCUMENT# N06000006528

Entity Name: BREATH OF LIFE, INC.

Current Principal Place of Business:

1900 EAST BAY DRIVE
LARGO, FL 33771

Current Mailing Address:

1910 EAST BAY DRIVE
LARGO, FL 33771

FEI Number: 20-5120368

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PITCHON, SOL
467 BRIDLE PATH WAY
TARPON SPRINGS, FL 34688 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	CHAPMAN, TOM
Address	7675 HUNTER LANE
City-State-Zip:	PINELLAS PARK FL 33782

Title	DS
Name	HUTH, MICHAEL
Address	15305 WIND WHISPER DRIVE
City-State-Zip:	ODESSA FL 33556

Title	DC
Name	PILKINGTON, DAVID
Address	7295 SAVOY COURT
City-State-Zip:	SEMINOLE FL 33776

Title	DIRECTOR, SECOND VICE CHAIR
Name	ARRINGTON, KATHY
Address	2239 NW 82ND TERRACE
City-State-Zip:	BELL FL 32619

Title	DT
Name	STUART, RODERICK CPA
Address	1539 RIDGEWOOD STREET
City-State-Zip:	CLEARWATER FL 33755

Title	P
Name	PITCHON, SOL
Address	467 BRIDLE PATH WAY
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	KONRAD, WILLIAM
Address	3617 TOWN AVE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR
Name	SHIELDS, STEPHEN DR.
Address	1211 REYNOLDS AVENUE, SUITE B
City-State-Zip:	CLEARWATER FL 33756

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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: SOL PITCHON PRESIDENT 04/23/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HIGGINS, HUGH ESQ.
Address	3201 2ND STREET N
City-State-Zip:	ST. PETERSBURG FL 33704

Title	DIRECTOR
Name	BATEMAN, LESLEY
Address	PO BOX 320341
City-State-Zip:	TAMPA FL 33679

Title	DIRECTOR
Name	BEHLING, JEREMIAH
Address	14640 BELLAMY BROTHERS BLVD
City-State-Zip:	DADE CITY FL 33525

Title	DIRECTOR, VC
Name	GAYLORD, BLAKE ESQ.
Address	3935 VENETIAN WAY
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR
Name	SCARBORO, JEANETTE
Address	4841 SKY BLUE DRIVE
City-State-Zip:	LUTZ FL 33558

Title	DIRECTOR
Name	SHIRLEY, JODY
Address	207 HARRISON AVE
City-State-Zip:	BELLEAIR BEACH FL 33786