

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011881

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC3387566925**

**Entity Name:** IGNITE LIFE CENTER INC.

**Current Principal Place of Business:**

404 NORTHWEST 14TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

404 NORTHWEST 14TH AVENUE  
GAINESVILLE, FL 32601

**FEI Number:** 26-1552854

**Certificate of Status Desired:** No

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

VEGA, LISA  
404 NW 14TH AVE  
GAINESVILLE, FL 32601 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 PD  
Name VEGA, MARK  
Address 14387 NW 160TH LANE  
City-State-Zip: ALACHUA FL 32615

Title SD  
Name VEGA, LISA  
Address 14387 NW 160TH LANE  
City-State-Zip: ALACHUA FL 32615

Title T  
Name LUVIS, EUNICE  
Address 515 SW LONG LEAF DRIVE  
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR  
Name NUNEZ, AZAEL  
Address 4440 SW ARCHER ROAD  
APT #221  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name GOMEZ, NICOLE  
Address 2601 NW 23RD BLVD  
APT 144  
City-State-Zip: GAINESVILLE FL 32605

*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:** LISA VEGA

**DIRECTOR**

**04/04/2016**

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

\_\_\_\_\_  
Date