

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2014
Secretary of State
CC8116077348

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 D
Name ROCHE, OSCAR
Address 404 NORTHWEST 14TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title PD
Name VEGA, MARK
Address 404 NORTHWEST 14TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title SD
Name VEGA, LISA
Address 404 NORTHWEST 14TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title T
Name LUVIS, EUNICE
Address 404 NORTHWEST 14TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title D
Name RODRIGUEZ , SERGIO
Address 404 NW 14TH AVE
City-State-Zip: GAINESVILLE FL 32601

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

SD

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date