

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004158

**Entity Name:** THE POWER OF LIFE, INC.

**Current Principal Place of Business:**

7300 17TH ST N  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

P.O. BOX 943  
PINELLAS PARK, FL 33780 US

**FEI Number:** 45-1287660

**Certificate of Status Desired:** No

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

MALTI, JOSSETTE  
813 OLD CHARLESTON WAY  
LARGO, FL 33770 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:** JOSSETTE MALTI

04/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name FASTJE, KAREN  
Address 474 41ST AVENUE N  
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR  
Name TENEYCK, DAVID  
Address P.O. BOX 943  
City-State-Zip: PINELLAS PARK FL 33780

Title DIRECTOR, SECRETARY  
Name WRIGHT, LYNN  
Address 9591 53RD WAY N  
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR  
Name MARRINER, MATTHEW  
Address 9591 53RD WAY N  
City-State-Zip: PINELLAS PARK FL 33782

Title PRESIDENT  
Name GUERTIN, JOLETA  
Address 7300 17TH ST N  
City-State-Zip: ST PETERSBURG FL 33702

Title TREASURER  
Name MARRINER, MEGAN  
Address 9591 53RD WAY N  
City-State-Zip: PINELLAS PARK FL 33782

*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:** LYNN WRIGHT

**DIRECTOR, SECRETARY**

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date