

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** Yes

**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

08/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR, TREASURER  
Name MALTI, JOSSETTE  
Address 813 OLD CHARLESTON WAY  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name LADUKE, BRENDA  
Address 5661 - 9TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

Title SECRETARY  
Name LEAHY, JUDITH  
Address 8799 BARDMOOR BLVD  
APT# 204  
City-State-Zip: SEMINOLE FL 33777

*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:** JOSSETTE MALTI

DIRECTOR, TREASURER 08/14/2017

Electronic Signature of Signing Officer/Director Detail

Date