

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

DOCUMENT# N11000004158

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

**Current Principal Place of Business:**

446 4TH ST S  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

P.O. BOX 47069  
ST.PETERSBURG, FL 33743 US

**FEI Number: 45-1287660**

**Certificate of Status Desired: Yes**

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

MALTI-BARBER, KATHIE J  
446 4TH ST S  
ST PETERSBURG, FL 33701 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:** KATHIE JO MALTI-BARBER

04/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SD  
Name MALTI-BARBER, KATHIE J  
Address 914 10TH AVE SW  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name TENEYCK, DAVID  
Address P.O. BOX 47069  
City-State-Zip: ST.PETERSBURG FL 33743

Title TREASURER  
Name WRIGHT, RACHEL  
Address P.O. BOX 47069  
City-State-Zip: ST.PETERSBURG FL 33743

*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:** KATHIE JO MALTI-BARBER

**DIRECTOR / SECRETARY / REGISTERED AGENT** 04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date