

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006259

Entity Name: PARENTING WITH A PURPOSE LIFE CENTER INC.**Current Principal Place of Business:**6625 MIAMI LAKES DRIVE, STE. 333
MIAMI LAKES, FL 33014**Current Mailing Address:**6625 MIAMI LAKES DRIVE, STE. 333
MIAMI LAKES, FL 33014**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, JOANN R
6625 MIAMI LAKES DRIVE, STE. 333
MIAMI LAKES, FL 33014 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 | SMITH, JOANN |
| Address | 6625 MIAMI LAKES DRIVE, STE. 333 |
| City-State-Zip: | MIAMI LAKES FL 33014 |

| | |
|-----------------|----------------------------------|
| Title | VPD |
| Name | SELLERS, OCTRAVIER |
| Address | 6625 MIAMI LAKES DRIVE, STE. 333 |
| City-State-Zip: | MIAMI LAKES FL 33014 |

| | |
|-----------------|----------------------------------|
| Title | D |
| Name | BRAGGS, MARCELL |
| Address | 6625 MIAMI LAKES DRIVE, STE. 333 |
| City-State-Zip: | MIAMI LAKES FL 33014 |

| | |
|-----------------|----------------------------------|
| Title | D |
| Name | JAMES, ANNA-KAY |
| Address | 6625 MIAMI LAKES DRIVE, STE. 333 |
| City-State-Zip: | MIAMI LAKES FL 33014 |

| | |
|-----------------|----------------------------------|
| Title | D |
| Name | CARGILL, DARLENE |
| Address | 6625 MIAMI LAKES DRIVE, STE. 333 |
| City-State-Zip: | MIAMI LAKES FL 33014 |

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: OCTRAVIER SELLERS

VP

04/29/2015

Electronic Signature of Signing Officer/Director Detail_____
Date