

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007464

Entity Name: TURNAROUND LIFE, INC.**Current Principal Place of Business:**11322 STRATTON PARK DRIVE
TEMPLE TERRACE, FL 33617**Current Mailing Address:**11322 STRATTON PARK DRIVE
TEMPLE TERRACE, FL 33617 US**FEI Number: 47-1566778****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAMACHE, PETER
11322 STRATTON PARK DRIVE
TEMPLE TERRACE, FL 33617 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	P
Name	GAMACHE, PETER
Address	11322 STRATTON PARK DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	VP
Name	HOOGWERF, SALLY
Address	3653 CHATHAM DRIVE
City-State-Zip:	PALM HARBOR FL 34684

Title	VP
Name	PEIPER, BYLLI
Address	624 - D FAIRMONT AVENUE
City-State-Zip:	SAFETY HARBOR FL 34695

Title	VP
Name	GRIFFIN, JACKIE
Address	4725 SENECA AVENUE
City-State-Zip:	TAMPA FL 33617

Title	VP
Name	JEREMIAH, ROHAN
Address	1440 SOUTH MICHIGAN AVENUE, UNIT 522
City-State-Zip:	CHICAGO IL 60605

Title	VP
Name	SARKIS, MARIANNE
Address	950 MAIN STREET
City-State-Zip:	WORCESTER MA 01610

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: PETER GAMACHE**PRESIDENT****03/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date