

2019 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 | PRESIDENT |
| Name | GAMACHE, PETER |
| Address | 11322 STRATTON PARK DRIVE |
| City-State-Zip: | TEMPLE TERRACE FL 33617 |

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|-----------------|----------------------|
| Title | DIRECTOR |
| Name | HOOGEWERF, SALLY |
| Address | 3653 CHATHAM DRIVE |
| City-State-Zip: | PALM HARBOR FL 34684 |

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

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

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|-----------------|--------------------|
| Title | DIRECTOR |
| 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****01/31/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date