

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005731

Entity Name: LIFE RESTORE FOUNDATION/ HELPING&FEEDING THE
NEEDY.INC**FILED**
Apr 30, 2016
Secretary of State
CC8522114035**Current Principal Place of Business:**1801 LYONS ROAD
#106
COCONUT CREEK, FL 33063**Current Mailing Address:**1801 LYONS ROAD
#106
COCONUT CREEK, FL 33063 US**FEI Number: 27-2138465****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CONSEILLANTES, GERMA D CEO
1801 LYONS ROAD
#106
COCONUT CREEK, FL 33063 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	CONSEILLANTES, GERMA C P
Address	1801 LYONS ROAD #106
City-State-Zip:	COCONUT CREEK FL 33063
Title	VP
Name	LIFE RESTORE FOUNDATON !INC
Address	1801 LYONS ROAD #106
City-State-Zip:	COCONUT CREEK FL 33063

Title	VP
Name	LIVINGSTON, ALEXANDRA C TREASUR
Address	1801 LYONS ROAD #106
City-State-Zip:	COCONUT CREEK FL 33063
Title	DIRECTOR
Name	REGIS, PHILOMANIA TREASURE
Address	1801 LYONS ROAD #106
City-State-Zip:	COCONUT CREEK FL 33063

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: GERMA D CONSEILLANTES**CEO****04/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date