

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009027

Entity Name: SLICE OF LIFE FLORIDA, INC.**Current Principal Place of Business:**3006 SAN CARLOS ST.
TAMPA, FL 33629**Current Mailing Address:**3006 SAN CARLOS ST.
TAMPA, FL 33629 US**FEI Number:** 81-3731556**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DINGFELDER, LYNN
3006 SAN CARLOS ST.
TAMPA, FL 33629 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:** LYNN DINGFELDER

01/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FIGG, MARY
Address 18406 TIMERLAN DRIVE
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name BAYDIN, ADELE
Address 800 AZEELE AVENUE. #323
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name STEWART, EDITH
Address 3633 WOODHILL DRIVE
City-State-Zip: BRANDON FL 33629

Title DIRECTOR
Name KEEBLE, ARTHUR "ART"
Address 3220 W VILLAROSA STREET
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name FENTON, JEANETTE
Address 7725 CEDARHURST LANE
City-State-Zip: TAMPA FL 33625

Title DIRECTOR
Name STEINKELLNER, AMY
Address 730 BEACH TRAIL
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title CEO
Name DINGFELDER, LYNN
Address 3006 SAN CARLOS STREET
City-State-Zip: TAMPA FL 33629

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: LYNN DINGFELDER**EXECUTIVE DIRECTOR**

01/14/2018

Electronic Signature of Signing Officer/Director Detail

Date