

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010831

Entity Name: BULLETS4LIFE, INC.**Current Principal Place of Business:**7509 CLEVELAND ST
HOLLYWOOD, FL 33024**Current Mailing Address:**7509 CLEVELAND ST
HOLLYWOOD, FL 33024 US**FEI Number: 81-4136410****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KENNEDY, SUSAN
7509 CLEVELAND ST
HOLLYWOOD, FL 33024 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: SUSAN KENNEDY****06/10/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name KENNEDY, SUSAN
Address 7509 CLEVELAND ST
City-State-Zip: HOLLYWOOD FL 33024

Title CHAIRMAN
Name MACK, WANDA
Address 1817 OAK TRAIL WEST
City-State-Zip: CLEARWATER FL 33764

Title MENTOR
Name RAPHAEL, MILLIE
Address 343 PALM STREET
 3
City-State-Zip: HOLLYWOOD FL 33019

Title COMMUNITY ADVISOR/ BOARD
 MEMBER
Name DURDEN, ANTHONY
Address 5720 NW 24TH AVE
City-State-Zip: MIAMI FL 33142

Title VP, / SECRETARY
Name TAYLOR, ASHLEY
Address 1101 N MONTICELLE AVE
City-State-Zip: CHICAGO IL 60651

Title OFFICER, BOARD MEMBER
Name ED, HANEZ
Address 7121 ALHAMBRA BLVD
City-State-Zip: MIRAMAR FL 33023

Title PUBLIC RELATIONS
Name MCCARTHY, LANCE DR.
Address 11068 SUGARTRAIL DR
City-State-Zip: ST. LOUIS MO 63116

Title SECRETARY
Name SMALL, SHERITA
Address 1131 NW 38 ST
City-State-Zip: MIAMI FL 33127

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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: SUSAN KENNEDY**PRESIDENT****06/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MENTAL HEALTH
Name CAMERON, NICKY
Address 2701 W OAKLAND PARK BLVD
City-State-Zip: OAKLAND PARK FL 33311

Title TREASURER
Name JONES, ANALIA
Address PO BOX
 695223
City-State-Zip: MIAMI FL 33269