

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010831

**Entity Name:** BULLETS4LIFE, INC.**Current Principal Place of Business:**1425 NW 59TH ST  
MIAMI, FL 33142**Current Mailing Address:**12921 NW 2ND ST  
150 NE 82ND TERR 108  
PEMBROKE PINES, FL 33028 US**FEI Number:** 81-4136410**Certificate of Status Desired:** No**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

04/17/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name           BLACKMAN, JENNIFER  
Address        1425 NORTHWEST 59TH STREET  
City-State-Zip: MIAMI FL 33142

Title            BUSINESS MANAGER  
Name           FORTUNE, ALEATHA HELEN  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142

Title            CO-TRUSTEE  
Name           MARTIN, CINDY  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142

Title            PASTOR  
Name           OREE, WALTER  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142

Title            LAWYER  
Name           STEPHEN, KENDRA  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142

Title            SECRETARY  
Name           JOHNSON, ANNA  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142

Title            ASST. SECRETARY  
Name           WRIGHT, FLO  
Address        1425 NORTHWEST 59TH STREET  
City-State-Zip: MIAMI FL 33142

**Continues on page 2**

*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 NANTON

PRESIDENT

04/17/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            AGENT/ACCOUNTANT  
Name            MOORE, JUDY  
Address        150 NE 82ND TERR  
                 4  
City-State-Zip: MIAMI FL 33028

Title            TRUSTEE  
Name            STEWART, CHARLINE  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142

Title            TREASURER  
Name            BUTLER, OMOROSE  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142

Title            COO  
Name            GRAY, GAIL  
Address        1425 NW 59TH ST  
City-State-Zip: MIAMI FL 33142