

**2021 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

02/27/2021

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

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            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

Title            AUTHORIZE MEMBER  
Name            BUTLER, OMOROSE  
Address        7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024

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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:** KENNEDY, SUSAN**PRESIDENT**

02/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AUTHORIZE MEMBER  
Name STEWART, CHARLINE  
Address 7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024

Title AUTHORIZE MEMBER  
Name TISDOL, MATTHEW  
Address 7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024

Title AUTHORIZE MEMBER  
Name HOBBS, LATASHA  
Address 7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024

Title AUTHORIZE MEMBER  
Name WRIGHT, CHERYL  
Address 7509 CLEVELAND  
City-State-Zip: HOLLYWOOD FL 33024

Title AUTHORIZE MEMBER  
Name FORTUNE, HELEN  
Address 7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024

Title AUTHORIZE MEMBER  
Name MARTIN, CINDY  
Address 7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024

Title AUTHORIZE MEMBER  
Name GREEN, BELINDA G  
Address 7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024

Title AUTHORIZE MEMBER  
Name DANIELS, RONDELL  
Address 7509 CLEVELAND ST  
City-State-Zip: HOLLYWOOD FL 33024