

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

DOCUMENT# N22000003274

**Entity Name:** OPERATION LIFELINE INC.

**Current Principal Place of Business:**

1689 IDLEWILD AVENUE  
GREEN COVE SPRINGS , FL 32043

**Current Mailing Address:**

1689 IDLEWILD AVENUE  
GREEN COVE SPRINGS , FL 32043 US

**FEI Number:** 88-1590047

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SAKS, ERICK L  
107 BROADLEAF LANE  
SAINT JOHNS, FL 32259 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 EXECUTIVE DIRECTOR  
Name SAKS, ERICK L  
Address 107 BROADLEAF LANE  
City-State-Zip: SAINT JOHNS FL 32259

Title CHAIRMAN  
Name BUFORD, MARSHALL  
Address 8981 AUTUMNBROOKE WAY  
City-State-Zip: MONTGOMERY AL 36117

Title SECRETARY  
Name BUFORD, AILEEN  
Address 8981 AUTUMNBROOKE WAY  
City-State-Zip: MONTGOMERY AL 36117

Title VC  
Name HERMAN, JUSTIN  
Address 642 PICKFORD PLACE  
City-State-Zip: WASHINGTON DC 20002

*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:** ERICK SAKS

**EXECUTIVE DIRECTOR**

**01/12/2025**

Electronic Signature of Signing Officer/Director Detail

Date