

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001904

Entity Name: LIFTFUND INC.**Current Principal Place of Business:**2007 W MARTIN ST.
SAN ANTONIO, TX 78207**Current Mailing Address:**2007 W MARTIN ST.
SAN ANTONIO, TX 78207**FEI Number:** 74-2712770**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR., STE.A
TALLAHASSEE, FL 32301 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 CHRM
Name ADAMS, JIM
Address 209 GENESEO RD.
City-State-Zip: SAN ANTONIO TX 78209-5913

Title PRESIDENT
Name BARRERA, JANIE
Address 2007 W MARTIN ST.
City-State-Zip: SAN ANTONIO TX 78207

Title SECRETARY
Name PENA, CELINA
Address 2007 W MARTIN ST.
City-State-Zip: SAN ANTONIO TX 78207

Title TREASURER
Name MADISON, TOM
Address ONE CAMINO SANTA MARIA
City-State-Zip: SAN ANTONIO TX 78228-8607

Title CFO
Name CLAUSEN, THOMAS C
Address 2007 W MARTIN STREET
City-State-Zip: SAN ANTONIO TX 78207

Title DIRECTOR
Name VILLAREAL, PATRICIA
Address 2727 NORTHWOOD STREET
City-State-Zip: DALLAS TX 75201

Title DIRECTOR
Name SCHLOSBERG, RICHARD III
Address 800 E. SONTERA BLVD.
SUITE 140
City-State-Zip: SAN ANTONIO TX 78258

Title DIRECTOR
Name GUERRA-REEVES, MELINDA
Address 12 GREENWAY PLAZA
SUITE 250
City-State-Zip: HOUSTON TX 77046

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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: THOMAS C. CLAUSEN**CHIEF FINANCIAL
OFFICER****03/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SNAPKA, KATHRYN
Address 606 N. CARANCAHUA
SUITE 1511
City-State-Zip: CORPUS CHRISTI TX 78403

Title DIRECTOR
Name OCANAS, REY
Address 2200 POST OAK BLVD.
21ST FLOOR
City-State-Zip: HOUSTON TX 77056

Title DIRECTOR
Name KEENAN, JIMMIE
Address 2007 WEST MARTIN STREET
City-State-Zip: SAN ANTONIO TX 78207

Title DIRECTOR
Name RODRIGUEZ, ANA
Address 8201 PRESTON ROAD
SUITE 200
City-State-Zip: DALLAS TX 75225

Title DIRECTOR
Name ALEXANDER, WAYNE
Address 2 LOST TIMBERS
City-State-Zip: SAN ANTONIO TX 78248

Title DIRECTOR
Name PAYNE, TARA FORD
Address 402 DWYER AVE
City-State-Zip: SAN ANTONIO TX 78204

Title DIRECTOR
Name CAMP, MORRIS
Address 1020 N.E. LOOP 410
City-State-Zip: SAN ANTONIO TX 78209

Title DIRECTOR
Name BROUILLARD, JEFF
Address 16414 SAN PEDRO
SUITE 700
City-State-Zip: SAN ANTONIO TX 78232