

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008533

**Entity Name:** LIFELINK INTERNATIONAL, INC.**Current Principal Place of Business:**20 CEDARWOOD COURT  
PALM COAST, FL 32137**Current Mailing Address:**PO BOX 354150  
PALM COAST, FL 32135**FEI Number:** 04-3721785**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TURNER, DEBORAH V  
20 CEDARWOOD COURT  
PALM COAST, FL 32137 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	PD
Name	TURNER, MICHAEL S
Address	20 CEDARWOOD CT.
City-State-Zip:	PALM COAST FL 32137

Title	VD
Name	TURNER, DEBORAH V
Address	20 CEDARWOOD CT.
City-State-Zip:	PALM COAST FL 32137

Title	TD
Name	KILLORAN, JOHN
Address	1295 WOODCREST LANE
City-State-Zip:	ST. LOUIS MO 63042

Title	SD
Name	KIGHT, WILLIAM
Address	9279 TOPHILL COURT
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	GALBRAITH, STEPHEN PDIRECTO
Address	373 PINE FOREST ROAD
City-State-Zip:	ATLANTA GA 30342

Title	DIRECTOR
Name	KERNS, JEREMY DR
Address	5660 BRIGHTON ROSE LANE
City-State-Zip:	SUGAR HILL GA 30518-7706

Title	DIRECTOR
Name	KENNEY, MICHAEL
Address	1971 MARY LEE LANE
City-State-Zip:	LUCAS TX 75002-8529

*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: MICHAEL TURNER****PRESIDENT****04/12/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date