

2019 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:** No**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 PRESIDENT, DIRECTOR
Name TURNER, MICHAEL S
Address 20 CEDARWOOD CT.
City-State-Zip: PALM COAST FL 32137

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

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

Title TREASURER, DIRECTOR
Name GALBRAITH, STEPHEN
Address 395 OAK GLENN
City-State-Zip: MARIETTA GA 30068-4844

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

Title DIRECTOR
Name WEIR, DAVID
Address 192 CHURCH FARM ROAD
City-State-Zip: PELL CITY AL 35125

Title SECRETARY, DIRECTOR
Name REKSTEN, BRYAN
Address 2995 FENCE ROAD
City-State-Zip: DACULA GA 30019-2165

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 S TURNER**PRESIDENT****04/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date