

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008533

**Entity Name:** LIFELINK INTERNATIONAL, INC.**Current Principal Place of Business:**385 PALM COAST PARKWAY  
SUITE 3  
PALM COAST, FL 32137**Current Mailing Address:**PO BOX 354150  
PALM COAST, FL 32135-4150 US**FEI Number:** 04-3721785**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALLS, KIMBERLEIGH BROOKE  
17 CENTRAL PLACE  
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:** KIMBERLEIGH BROOKE WALLS

02/24/2020

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

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date