

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

DOCUMENT# N1200000381

**Entity Name:** H20-4-LIFE MISSION, INC.

**Current Principal Place of Business:**

4003 NW 16TH PL  
GAINESVILLE, FL 32605

**Current Mailing Address:**

4003 NW 16TH PL  
GAINESVILLE, FL 32605

**FEI Number:** 45-4238092

**Certificate of Status Desired:** No

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

HUNZIKER, RANDY  
11109NW 18TH ROAD  
GAINESVILLE, FL 32606 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:** RANDY HUNZIKER

06/25/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HUNZIKER, RANDY  
Address 4003 NW 16TH PL  
City-State-Zip: GAINESVILLE FL 32605

Title D  
Name BOTES, RICHARD  
Address 4003 NW 16TH PL  
City-State-Zip: GAINESVILLE FL 32605

Title D  
Name KIDNEY, ROBERT  
Address 4003 NW 16TH PL  
City-State-Zip: GAINESVILLE FL 32605

Title D  
Name HABICHT, KEN  
Address 4003 NW 16TH PL  
City-State-Zip: GAINESVILLE FL 32605

Title D  
Name GOEDE, TODD  
Address 4003 NW 16TH PL  
City-State-Zip: GAINESVILLE FL 32605

*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:** RANDY HUNZIKER

**TREASURER**

06/25/2013

Electronic Signature of Signing Officer/Director Detail

Date