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: KEN HABICHT	OFFICER/DIRECTOR	02/13/2017		

SIGNATURE: KEN HABICHT

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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	E: RANDY HUNZIKER			02/13/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	D	
Name	HUNZIKER, RANDY	Name	BOTES, RICHARD	
Address	9617 NW 143RD STREET	Address	9617 NW 143RD ST.	
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615	
Title	D	Title	D	
Name	KIDNEY, ROBERT	Name	HABICHT, KEN	
Address	9617 NW 143RD ST.	Address	9617 NW 143RD ST.	
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615	
Title	D			
Name	GOEDE, TODD			
Address	9617 NW 143RD ST.			
City-State-Zip:	ALACHUA FL 32615			

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1200000381

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

Current Principal Place of Business:

9617 NW 143RD STREET ALACHUA, FL 32615

Current Mailing Address:

9617 NW 143RD STREET ALACHUA, FL 32615 US

FEI Number: 45-4238092

Name and Address of Current Registered Agent:

HUNZIKER, RANDY 507 NW 39TH ROAD 237 GAINESVILLE, FL 32607 US

FILED Feb 13, 2017 Secretary of State CC7693389453

Date