

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001696

Entity Name: THE F2F LIFE PROJECT INC.**Current Principal Place of Business:**1441 LAKESHORE RANCH DR.
SEFFNER, FL 33584**Current Mailing Address:**PO BOX 2
SEFFNER, FL 33584 US**FEI Number:** 46-2102152**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVAREZ, JOSEPH G. P.A.
MATASSINI LAW FIRM
2811 W KENNEDY BLVD.
TAMPA, FL 33609 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:** JOSEPH ALVAREZ

04/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** FOUNDER/ CEO/ BOARD OF
DIRECTORS**Name** NEWMAN, LISA D RN**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Title** FOUNDER/ CFO/ BOARD OF
DIRECTORS**Name** SHIPLEY, TAMRA Y RN**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Title** BOARD OF DIRECTORS CHAIRMAN /
PRESIDENT OF MCC MARKETING
GROUP**Name** TOWNSEND, DWAYANE**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Title** BOARD OF DIRECTORS/ MINISTER /
FOUNDER AND PRESIDENT OF
WATCHMEN ARISE**Name** JOHNSON, KIM**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Title** BOARD OF DIRECTORS/ DIRECTOR
OF LEGISLATION AND POLICY**Name** GIBSON, KATHY**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Title** BOARD OF DIRECTORS/ ASSISTANT
DIRECTOR OF LEGISLATION AND
POLICY**Name** CARROLL, KIM**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Title** RECOVERY CARE PROGRAM CHAIR**Name** RAYBURN, ELEANOR RMHCI**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Title** VOLUNTEER PROGRAM CHAIR**Name** LAMILLE, LINDY**Address** PO BOX 2**City-State-Zip:** SEFFNER FL 33584**Continues on page 2**

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: LISA NEWMAN

FOUNDER CEO

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CSA PREVENTION TRAINING SPECIALIST
Name	ALVAREZ, KIM
Address	PO BOX 2
City-State-Zip:	SEFFNER FL 33584