

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

DOCUMENT# N17000007413

**FILED  
Mar 18, 2020  
Secretary of State  
1587888121CC**

**Entity Name:** OPERATION MEANINGFUL LIFE, INC.

**Current Principal Place of Business:**

8558 HAMPTON LANDING DRIVE  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O. BOX 551071  
JACKSONVILLE, FL 32255-1071 US

**FEI Number: 81-3710526**

**Certificate of Status Desired: No**

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

STUART, MICHAEL L  
8558 HAMPTON LANDING DRIVE  
JACKSONVILLE, FL 32256 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 DP  
Name STUART, MICHAEL L  
Address P.O. BOX 551071  
City-State-Zip: JACKSONVILLE FL 32255-1071

Title DV  
Name STUART, HARRIET S  
Address P.O. BOX 551071  
City-State-Zip: JACKSONVILLE FL 32255-1071

Title DST  
Name BELOTTO, BETH M  
Address P.O. BOX 551071  
City-State-Zip: JACKSONVILLE FL 32255-1071

Title D  
Name STRAUS, ROBERTA  
Address P.O. BOX 551071  
City-State-Zip: JACKSONVILLE FL 32255-1071

Title D  
Name SLOPEK, DEBORAH  
Address P.O. BOX 551071  
City-State-Zip: JACKSONVILLE FL 32255-1071

*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: HARRIET S. STUART**

**DIRECTOR, VICE  
PRESIDENT**

**03/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date