

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005199

**Entity Name:** FACS FOR LIFE, INCORPORATED**Current Principal Place of Business:**4932 VENICE LAKE AVE  
TAMPA, FL 33619**Current Mailing Address:**4932 VENICE LAKE AVE  
TAMPA, FL 33619**FEI Number:** 86-3744900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, FARROL S  
4932 VENICE LAKE AVE  
TAMPA, FL 33619 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	D
Name	THOMAS, FARROL S
Address	4932 VENICE LAKE AVE
City-State-Zip:	TAMPA FL 33619
Title	D
Name	BLOUNT-THOMAS, SANDRA R
Address	53 MEADOWRUE LN
City-State-Zip:	YOUNGSVILLE NC 27596
Title	TREA
Name	HUETT, WENDY M
Address	1510 WILLOW LAWN DR. STE. 100
City-State-Zip:	RICHMOND VA 23230

Title	D
Name	EATON, GWENDOLYN F
Address	1420 BEAVER TAN CT
City-State-Zip:	WAKE FOREST NC 27587
Title	SEC
Name	THOMAS, AUDWINA L
Address	1220 PLYMOUTH AVE
City-State-Zip:	BRISTOL PA 19007

*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:** FARROL S THOMAS**DIRECTOR****04/14/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date