

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006317

FILED
Apr 27, 2012
Secretary of State

Entity Name: LIFE RECOVERY COUNCIL INC.

Current Principal Place of Business:

14480 SW 41ST AVE ROAD
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

14480 SW 41ST AVE ROAD
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 26-0444638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEF, ROBIN
14480 SW 41ST AVE ROAD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: EXD
Name: JOSEF, ROBIN W
Address: 14480 SW 41ST AVE ROAD
City-St-Zip: ORLANDO, FL 34473 US

Title: PRES
Name: CRENTSIL, MICHAEL
Address: 14480 SW 41ST AVE ROAD
City-St-Zip: ORLANDO, FL 34473 US

Title: VP
Name: FLOWERS, JONATHAN
Address: 14480 SW 41ST AVE ROAD
City-St-Zip: ORLANDO, FL 34473 US

Title: S
Name: PRINCE, JACUNTI
Address: 14480 SW 41ST AVE ROAD
City-St-Zip: ORLANDO, FL 34473 US

Title: DIR
Name: LAURA, MOORE M
Address: 14480 SW 41ST AVE ROAD
City-St-Zip: OCALA, FL 34473 US

Title: DIR
Name: GOODE, DONNA
Address: 14480 SW 41ST AVE ROAD
City-St-Zip: OCALA, FL 34473 US

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: ROBIN W JOSEF

ED

04/27/2012

Electronic Signature of Signing Officer or Director

Date