

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006317

**Entity Name:** LIFE RECOVERY COUNCIL INC.

**Current Principal Place of Business:**

3101 SW 34TH AVE  
905-304  
OCALA, FL 34474

**Current Mailing Address:**

3101 SW 34TH AVE 905-304  
OCALA, FL 34474 US

**FEI Number: 26-0444638**

**Certificate of Status Desired:** No

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

JOSEF, ROBIN  
15561 SW 43ST STREET ROAD  
OCALA, FL 34473 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            EXD  
Name            JOSEF, ROBIN W  
Address        3101 SW 34TH AVE 905-304  
City-State-Zip: Ocala FL 34474

Title            PRES  
Name            JONES, NIKKI  
Address        3101 SW 34TH AVE 905-304  
City-State-Zip: Ocala FL 34473

Title            VP  
Name            PRINCE, JACUNTI  
Address        3101 SW 34TH AVE 905-304  
City-State-Zip: Ocala FL 34473

Title            SECRETARY  
Name            LAURA, MOORE M  
Address        3101 SW 34TH AVE 905-304  
City-State-Zip: Ocala FL 34473

*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**

**EXECUTIVE DIRECTOR**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date