

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006317

**FILED
Apr 30, 2013
Secretary of State
CC9205670185**

Entity Name: LIFE RECOVERY COUNCIL INC.

Current Principal Place of Business:

15561 SW 43ST STREET ROAD
OCALA, FL 34473

Current Mailing Address:

15561 SW 43ST STREET ROAD
OCALA, FL 34473 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 15561 SW 43ST STREET ROAD
City-State-Zip: ORLANDO FL 34473

Title PRES
Name JONES, NIKKI
Address 15561 SW 43ST STREET ROAD
City-State-Zip: Ocala FL 34473

Title VP
Name FLOWERS, JONATHAN
Address 15561 SW 43ST STREET ROAD
City-State-Zip: Ocala FL 34473

Title S
Name PRINCE, JACUNTI
Address 15561 SW 43ST STREET ROAD
City-State-Zip: Ocala FL 34473

Title DIR
Name LAURA, MOORE M
Address 15561 SW 43ST STREET ROAD
City-State-Zip: Ocala FL 34473

Title DIR
Name GOODE, DONNA
Address 15561 SW 43ST STREET ROAD
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

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date