

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006317

FILED
Apr 30, 2015
Secretary of State
CC5650134611

Entity Name: LIFE RECOVERY COUNCIL INC.

Current Principal Place of Business:

3101 SW 34TH AVE
905-196
OCALA, FL 34474

Current Mailing Address:

3101 SW 34TH AVE 905-196
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 905-196
City-State-Zip: Ocala FL 34474

Title PRES
Name JONES, NIKKI
Address 3101 SW 34TH AVE 905-196
City-State-Zip: Ocala FL 34473

Title VP
Name FLOWERS, JONATHAN
Address 3101 SW 34TH AVE 905-196
City-State-Zip: Ocala FL 34473

Title S
Name PRINCE, JACUNTI
Address 3101 SW 34TH AVE 905-196
City-State-Zip: Ocala FL 34473

Title DIR
Name LAURA, MOORE M
Address 3101 SW 34TH AVE 905-196
City-State-Zip: Ocala FL 34473

Title DIR
Name GOODE, DONNA
Address 3101 SW 34TH AVE 905-196
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

ED

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date