2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007868

1. Entity Name
LIFE COUNSELING AND EDUCATION, INC.

Principal Place of Business	Mailing Address
2369 CONWAY BLVD. PORT CHARLOTTE, FL 33952 US	2369 CONWAY BLVD. PORT CHARLOTTE, FL 33952 US

07282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2670938
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHER, C. MICHAEL
2800 PLACIDA RD.
SUITE 112
ENGLEWOOD, FL 34224

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, KATHLEEN DR
STREET ADDRESS	2369 CONWAY BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	MILLER, REBEKAH
STREET ADDRESS	2369 CONWAY BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	ALEXANDER, NORMA
STREET ADDRESS	151 GREEN HAVEN LN
CITY-ST-ZIP	GURNEE, IL 60031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/02/05-80004-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Kathleen Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #