

# 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  
**2369 CONWAY BLVD.  
PORT CHARLOTTE, FL 33952 US**

Mailing Address  
**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**

**DO NOT WRITE  
IN THIS SPACE**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, KATHLEEN DR  
2369 CONWAY BLVD  
PORT CHARLOTTE, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, REBEKAH  
2369 CONWAY BLVD  
PORT CHARLOTTE, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALEXANDER, NORMA  
151 GREEN HAVEN LN  
GURNEE, IL 60031**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000375397  
08/02/05-80004-015 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Kathleen Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #