


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90197 048 ****61.25

DOCUMENT # NO2000007868
1. Entity Name
Life Counseling and Education, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2369 Conway Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2369 Conway Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Charlotte, Florida

City & State
2369 Conway Blvd.

Zip
33952

Country
USA

Zip
33952

Country
USA

4. FEI Number
58-2670938

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C. Michael Fischer

Street Address (P.O. Box Number is Not Acceptable)
2800 Placida Rd.
Suite 112

City
Englewood

State
FL

Zip Code
34224

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] DATE [Signature]

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

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dr. Kathleen J. Miller INCORPORATOR & Director 2369 Conway Blvd. 33952 Port Charlotte, Florida</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Rebekah Miller, director 2369 Conway Blvd. Port Charlotte, FL 33952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mrs. NORMA Alexander, Director 151 GREEN HAVEN LANE Gurnee, IL 60031</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Kathleen J. Miller 5-28-03 941-764-7549

CR2E037B (12/02)