

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012618

FILED
Feb 17, 2006
Secretary of State

Entity Name: LIFE CARE COUNSELING CENTER, INCORPORATED

Current Principal Place of Business:

7509 JESSAMINE DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

7509 JESSAMINE DRIVE
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 20-4050100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, LORI
1020 DUNCAN
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GONZALEZ, WILLIAM C
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VP () Delete
Name: GONZALEZ, RUTH N
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: SEC () Delete
Name: RODRIQUEZ, MARIA
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: TRES () Delete
Name: GONZALEZ, ANGEL
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM GONZALEZ

PRES

02/17/2006

Electronic Signature of Signing Officer or Director

Date