2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# N06000007590

Entity Name: LIFELINE PASTORAL COUNSELING SERVICES, INC.

Current Principal Place of Business:

606 GAY ANN DRIVE
VALRICO, FL 33594

New Principal Place of Business:

6310 EAST SLIGH AVENUE
TAMPA, FL 33617

Current Mailing Address:

606 GAY ANN DRIVE
VALRICO, FL 33594

New Mailing Address:

6310 EAST SLIGH AVENUE
TAMPA, FL 33617

FEI Number: 56-2600693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, THOMAS A
606 GAY ANN DRIVE
VALRICO, FL 33594 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: BM ( ) Delete
Name: HEALTH, CRAIG REV
Address: 6310 E. SLIGH AVENUE
City-St-Zip: TAMPA, FL 33617

Title: BM ( ) Delete
Name: PITTS, WAYNE
Address: GLEN OAKS AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: BM ( ) Delete
Name: LEIVA, TRANSITO
Address: 28938, LONG MEADOW LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: BM ( ) Delete
Name: SMITH, LAURA L
Address: 606 GAY ANN DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BM (X) Change ( ) Addition
Name: SIMMONS, J.D. REV
Address: 6310 E. SLIGH AVENUE
City-St-Zip: TAMPA, FL 33617

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: THOMAS A. SMITH DIR 04/17/2007

Electronic Signature of Signing Officer or Director — Date