

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N22729

FILED
Feb 23, 2002 8:00 AM
Secretary of State

Entity Name: TOTAL LIFE COUNSELING, INC.

Current Principal Place of Business:

2699 LEE ROAD
SUITE 430
WINTER PARK, FL 32789

New Principal Place of Business:

5900 TURKEY LAKE ROAD
SUITE C
ORLANDO, FL 32819

Current Mailing Address:

PO BOX 1354
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3519902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATMAKER, DAVID A.
9340 SIR LAWRENCE CT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

HATMAKER, DAVID A.
P.O. BOX 1354
WINDERMERE, FL 34786 US

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:

02/23/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HATMAKER, DAVID A.,
Address: 9340 SIR LAWRENCE COURT
City-St-Zip: WINDERMERE, FL

Title: D () Delete
Name: HATMAKER, GAIL,
Address: 9340 SIR LAWRENCE COURT
City-St-Zip: WINDERMERE, FL

Title: SD () Delete
Name: MANNELLA, MARK,
Address: 408 ENGLISH LAKE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: M (X) Delete
Name: ANDERONE, DAVE
Address: 2414 KALCH CT
City-St-Zip: ORLANDO, FL 32818

Title: T (X) Delete
Name: DAVIS, BILL
Address: 8713 SOUTH BAY DR
City-St-Zip: ORLANDO, FL 32819

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:

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 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 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: DAVID A. HATMAKER

C,D

02/23/2002

Electronic Signature of Signing Officer or Director

Date