

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22729

FILED
Mar 29, 2004
Secretary of State**Entity Name:** TOTAL LIFE COUNSELING, INC.**Current Principal Place of Business:**5900 TURKEY LAKE ROAD
SUITE C
ORLANDO, FL 32819**New Principal Place of Business:****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.
P.O. BOX 1354
WINDERMERE, FL 34786 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:** CD () Delete
Name: HATMAKER, DAVID A.,
Address: 8819 LAKE MABEL DR.
City-St-Zip: ORLANDO, FL 32836**Title:** D () Delete
Name: HATMAKER, GAIL,
Address: 8819 LAKE MABEL DR
City-St-Zip: ORLANDO, FL 32836**Title:** SD () Delete
Name: MANNELLA, MARK,
Address: 408 ENGLISH LAKE DR
City-St-Zip: WINTER GARDEN, FL 34787**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** SD () Change (X) Addition
Name: WEST, JAMES
Address: 5900 TURKEY LAKE RD
City-St-Zip: ORLANDO, FL 32819

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 HATMAKER

PRES

03/29/2004

Electronic Signature of Signing Officer or Director

Date