

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22729

FILED
Apr 21, 2005
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:

5422 CARRIER DR
SUITE 206
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.
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: SD () Delete
Name: WEST, JAMES
Address: 5900 TURKEY LAKE RD
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:

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

CD

04/21/2005

Electronic Signature of Signing Officer or Director

Date