

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004274

FILED
May 01, 2006
Secretary of State

Entity Name: LIFE CONNECTIONS COUNSELING CENTER, INC.

Current Principal Place of Business:

14499 N DALE MABRY HWY
STE 179
TAMPA, FL 33618

New Principal Place of Business:

4903 VAN DYKE ROAD
LUTZ, FL 33558

Current Mailing Address:

14499 N DALE MABRY HWY
STE 179
TAMPA, FL 33618

New Mailing Address:

4903 VAN DYKE ROAD
LUTZ, FL 33558

FEI Number: 59-3203749 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEAVYHOUSE, RUSSELL K
1001 EAST BAKER STREET
SUITE 201
PLANT CITY, FL 33563 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: PD () Delete
Name: REED, JAMES R
Address: 3613 LITTLE ROAD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: REED, BETH L
Address: 3613 LITTLE ROAD
City-St-Zip: LUTZ, FL 33549

Title: STD () Delete
Name: ANDERSON, KIMBALL
Address: 13857 S.W. 41 STREET
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: SMITH, DOUGLAS
Address: 8484 GREENWOOD DRIVE
City-St-Zip: NIWOT, CO 80503

Title: D () Delete
Name: WHITAKER, PAULA PHD
Address: BROOKESVILLE
City-St-Zip: BROOKESVILLE, FL 34602

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 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: JAMES R. REED

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date