2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

DOCUMENT# N93000004274

Entity Name: LIFE CONNECTIONS COUNSELING CENTER, INC.

Current Principal Place of Business:

4903 VAN DYKE ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

4903 VAN DYKE ROAD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-3203749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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
Name: REED, JAMES R
Address: 3613 LITTLE ROAD
City-St-Zip: LUTZ, FL 33549

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

Title: STD
Name: CARVER, VICKIE
Address: 18720 ARBOR DR
City-St-Zip: LUTZ, FL 33548

Title: D
Name: SMITH, DOUGLAS
Address: 7030 ROARING FORK TRAIL
City-St-Zip: BOULDER, CO 80301

Title: CD
Name: WHITAKER, PAULA PHD
Address: BROOKESVILLE
City-St-Zip: BROOKESVILLE, FL 34602

Title: D
Name: DUDGEON, DON
Address: 18921 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. REED PRES 03/08/2011

Electronic Signature of Signing Officer or Director — Date