

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90139 023 \*\*\*\*61.25

<b>DOCUMENT # N94000005047</b> 1. Entity Name LIFE, EDUCATION AND COUNSELING CENTER OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 2439 MCGREGOR BLVD FT MYERS, FL 33901 US		Mailing Address 2439 MCGREGOR BLVD FT MYERS, FL 33901-305	
2. Principal Place of Business 2438 Second Street Suite, Apt. #, etc.		3. Mailing Address 40 Phyllis Seaman 36 Neiba Court City & State Fort Myers, FL Zip 33901 Country US	
4. FEI Number 65-0539869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SEAMAN, PHYLLIS J 36 NEIBA STREET FT MYERS, FL 33912	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Phyllis Seaman</u> DATE <u>9/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD MORROW, WILLIAM 536 VALMAR DR FT MEYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD MECULLAH, CAROL 5366 FAIRFIELD WAY FORT MYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SEAMAN, PHYLLIS J 36 NEIBA COURT FT. MYERS, FL 33912	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD JOHNSON, KATHY 44 SNOW DR FT. MYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD WHEELER, WILSON 5900 JEFFERY LANE FT MYERS, FL 33907	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD VERWEST, LEANNA 6738 OLD WHISKEY CREEK DRIVE FT. MYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Phyllis Seaman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9/1/05</u> Daytime Phone #	

50065214

