

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90084 022 ****61.25

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1. Entity Name

**LIFE, EDUCATION AND COUNSELING CENTER OF
SOUTHWEST FLORIDA, INC.**



Principal Place of Business

**2438 SECOND STREET
FORT MYERS FL 33901
US**

Mailing Address

**C/O PHYLLIS SEAMAN
36 NEIBA COURT
FORT MYERS FL 33901**

2. Principal Place of Business

4544 CORONADO PKWY

3. Mailing Address

36 NEIBA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

FT MYERS, FL 33912

4. FEI Number

65-0539869

Applied For

Not Applicable

Zip

33904

Country

LEE

Zip

33912

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEAMAN, PHYLLIS J
36 NEIBA STREET CT.
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **MBD** ☐ Delete
NAME **MORROW, WILLIAM**
STREET ADDRESS **536 VALMAR DR**
CITY-ST-ZIP **FT MEYERS FL 33919**

TITLE **MBD** ☐ Delete
NAME **MECULLAH, CAROL**
STREET ADDRESS **5366 FAIRFIELD WAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **ATD** ☐ Delete
NAME **SEAMAN, PHYLLIS J**
STREET ADDRESS **36 NEIBA COURT**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **BMD** ☐ Delete
NAME **JOHNSON, KATHY**
STREET ADDRESS **44 SNOW DR**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **BMD** ☐ Delete
NAME **WHEELER, WILSON**
STREET ADDRESS **5900 JEFFERY LANE**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **MBD** ☐ Delete
NAME **VERWEST, LEANNA**
STREET ADDRESS **6738 OLD WHISKEY CREEK DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33919**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MBD** ☐ Change ☒ Addition
NAME **HEFFINGTON, SCOTT**
STREET ADDRESS **538 PECK**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **MBD** ☐ Change ☒ Addition
NAME **HARRIS, NORMA**
STREET ADDRESS **5260 S. LANDINGS DR. UNIT 503**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Phyllis J. Seaman

PHYLLIS J. SEAMAN

1/25/06

239-482-2381