2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

02-28-2008 90003 022 ****61.25

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1. Entity Name

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

Principal Place of Business	Mailing Address
4544 CORONADO PKWY CAPE CORAL FL 33904 US	36 NEIBA CT FORT MYERS FL 33912

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0539869 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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: Phyllis Seaman, Sec. Treas. 3/9/08
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	MBD	TITLE	MBD
NAME	MORROW, WILLIAM	NAME	HEFFINGTON, SCOTT
STREET ADDRESS	536 VALMAR DR	STREET ADDRESS	539 PECK
CITY-ST-ZIP	FT MEYERS FL 33919 ☐ Delete	CITY-ST-ZIP	FT. MYERS, FL 33919 ☐ Change ☑ Addition
TITLE	MBD	TITLE	MBD
NAME	MECULLAH, CAROL	NAME	DUTTON, DICK
STREET ADDRESS	5368 FAIRFIELD WAY	STREET ADDRESS	9459 BRENO DR.
CITY-ST-ZIP	FORT MYERS FL 33919 ☐ Delete	CITY-ST-ZIP	FT. MYERS, FL 33913 ☐ Change ☑ Addition
TITLE	ATD	TITLE	MBD
NAME	SEAMAN, PHYLLIS J	NAME	HARRIS, NORMA
STREET ADDRESS	36 NEIBA COURT	STREET ADDRESS	3200 S. LANDINGS DR.
CITY-ST-ZIP	FT. MYERS FL 33912 ☐ Delete	CITY-ST-ZIP	FT MYERS, FL 33919 ☐ Change ☑ Addition
TITLE	BMD	TITLE	MBD
NAME	JOHNSON, KATHY	NAME	SALVESON, PEGGY
STREET ADDRESS	44 SNOW DR	STREET ADDRESS	8394 VILLAIRE CT
CITY-ST-ZIP	FT. MYERS FL 33919 ☐ Delete	CITY-ST-ZIP	FT MYERS, FL 33919 ☐ Change ☐ Addition
TITLE	BMD	TITLE	MBD
NAME	WHEELER, WILSON	NAME	KATHI WHITCOMB
STREET ADDRESS	5900 JEFFERY LANE	STREET ADDRESS	806 SW 10th PL.
CITY-ST-ZIP	FT MYERS FL 33907 ☐ Delete	CITY-ST-ZIP	CAPE CORAL, FL 33991 ☐ Change ☐ Addition
TITLE	MBD	TITLE	
NAME	VERWEST, LEANNA	NAME	
STREET ADDRESS	8738 OLD WHISKEY CREEK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919 ☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition

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 Seaman PHYLLIS J. SEAMAN SEC. TREAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #