

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005047

FILED  
Jan 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4544 CORONADO PKWY  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

36 NEIBA CT  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-0539869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEAMAN, PHYLLIS J  
36 NEIBA STREET  
FT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

SEAMAN, PHYLLIS J SEC'Y  
36 NEIBA STREET  
FT MYERS, FL 33912 US

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: PHYLLIS J. SEAMAN

01/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MBD ( ) Delete  
Name: MORROW, WILLIAM  
Address: 536 VALMAR DR  
City-St-Zip: FT MEYERS, FL 33919

Title: MBD ( ) Delete  
Name: MECULLAH, CAROL  
Address: 5366 FAIRFIELD WAY  
City-St-Zip: FORT MYERS, FL 33919

Title: ATD ( ) Delete  
Name: SEAMAN, PHYLLIS J  
Address: 36 NEIBA COURT  
City-St-Zip: FT. MYERS, FL 33912

Title: BMD ( ) Delete  
Name: JOHNSON, KATHY  
Address: 44 SNOW DR  
City-St-Zip: FT. MYERS, FL 33919

Title: BMD ( ) Delete  
Name: WHEELER, WILSON  
Address: 5900 JEFFERY LANE  
City-St-Zip: FT MYERS, FL 33907

Title: MBD ( ) Delete  
Name: VERWEST, LEANNA  
Address: 6738 OLD WHISKEY CREEK DRIVE  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MBD (X) Change ( ) Addition  
Name: MORROW, WILLIAM  
Address: 536 VALMAR DR  
City-St-Zip: FT MYERS, FL 33919

Title: MBD (X) Change ( ) Addition  
Name: DUTTON, RICHARD  
Address: 9259 BRENO DR.  
City-St-Zip: CAPE CORAL, FL 33913

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 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: PHYLLIS J. SEAMAN

SEC'

01/31/2009

Electronic Signature of Signing Officer or Director

Date