2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# N94000005047

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 SEC'Y
36 NEIBA STREET
FT MYERS, FL 33912 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: MBD
Name: MORROW, WILLIAM
Address: 536 VALMAR DR
City-St-Zip: FT MYERS, FL 33919

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

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

Title: BMD
Name: HARRIS, NORMA
Address: 5260 S. LANDINGS DR.
City-St-Zip: FT. MYERS, FL 33919

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

Title: MBD
Name: VERWEST, LEANNA
Address: 6938 OLD WHISKEY CREEK DRIVE
City-St-Zip: FT. MYERS, FL 33919

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: PHYLLIS J. SEAMAN SEC' 01/06/2012

Electronic Signature of Signing Officer or Director Date