

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90075 018 \*\*\*\*61.25

**DOCUMENT # N98000004214**

1. Entity Name  
**THE LIFE COUNSELING CENTER OF OKEECHOBEE,  
INC.**



Principal Place of Business  
**605 W SOUTH PARK ST  
STE 211  
OKEECHOBEE, FL 34974**

Mailing Address  
**401 SW 4TH STREET  
OKEECHOBEE, FL 34972**

**50015233**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3543709**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUCKABEE, RAYMOND D  
1265 SE 23RD ST  
OKEECHOBEE, FL 34974**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M BANDI, SYLVIA  
705 S W 10TH AVE  
OKEECHOBEE, FL 34974** ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D HUCKABEE, CARLENE  
1265 SE 23RD STREET  
OKEECHOBEE, FL 34974** ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD HUCKABEE, RANDY  
1265 SE 23RD STREET  
OKEECHOBEE, FL 34974** ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S SHURLEY, BEVERLY  
933 NW 3RD ST  
OKEECHOBEE, FL 34972** ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M GARNER, JAMES  
13140 NE 4TH TERRACE  
OKEECHOBEE, FL 34972** ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Faint text]** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

*Raymond D Huckabee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/7/05 863 765 2171**