

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 29, 2005**  
**Secretary of State**

DOCUMENT# N98000004214

**Entity Name:** THE LIFE COUNSELING CENTER OF OKEECHOBEE, INC.**Current Principal Place of Business:**605 W SOUTH PARK ST  
STE 211  
OKEECHOBEE, FL 34974**New Principal Place of Business:**401 SW 4TH STREET  
OKEECHOBEE, FL 34974**Current Mailing Address:**401 SW 4TH STREET  
OKEECHOBEE, FL 34972**New Mailing Address:****FEI Number:** 59-3543709**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HUCKABEE, RAYMOND D  
1265 SE 23RD ST  
OKEECHOBEE, FL 34974 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:** M ( ) Delete  
**Name:** BANDI, SYLVIA  
**Address:** 705 S W 10TH AVE  
**City-St-Zip:** OKEECHOBEE, FL 34974**Title:** D ( ) Delete  
**Name:** HUCKABEE, CARLENE  
**Address:** 1265 SE 23RD STREET  
**City-St-Zip:** OKEECHOBEE, FL 34974**Title:** SD ( ) Delete  
**Name:** HUCKABEE, RANDY  
**Address:** 1265 SE 23RD STREET  
**City-St-Zip:** OKEECHOBEE, FL 34974**Title:** S ( ) Delete  
**Name:** SHURLEY, BEVERLY  
**Address:** 933 NW 3RD ST  
**City-St-Zip:** OKEECHOBEE, FL 34972**Title:** M ( ) Delete  
**Name:** GARNER, JAMES  
**Address:** 13140 NE 4TH TERRACE  
**City-St-Zip:** OKEECHOBEE, FL 34972**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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:****Title:** M (X) Change ( ) Addition  
**Name:** ALDERMAN, GAIL  
**Address:** 13405 NE 18TH AVENUE  
**City-St-Zip:** OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEVERLY SHURLEY

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date