2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N98000004214

Entity Name: THE LIFE COUNSELING CENTER OF OKEECHOBEE, INC.

Current Principal Place of Business:

401 SW 4TH STREET
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

1265 SE23RD STREET
OKEECHOBEE, FL 34974

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: ALDERMAN, WANDA G
Address: 13405 NE 18TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: M ( ) Delete
Name: LIGHTSEY, BONITA
Address: 502 NE 6TH AVENUE
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: ( ) 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: ALDERMAN, WANDA G. S 04/16/2009
Electronic Signature of Signing Officer or Director — Date