

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003768

FILED
Jan 09, 2008
Secretary of State

Entity Name: LORNA THOMAS MULTI COUNSELING SERVICES, INC.

Current Principal Place of Business:

735 PARKVIEW PLACE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

735 PARKVIEW PLACE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3581773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARKINS, BILL
5620 US HWY 98 N
LAKELAND, FL 33809 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: DP () Delete
Name: THOMAS, LORNA
Address: 735 PARKVIEW PLACE
City-St-Zip: LAKELAND, FL 33805

Title: DS () Delete
Name: HILL, EVERTON
Address: 735 PARKVIEW PLACE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: BARKER, BETTY
Address: 3211 WOODHILL RD
City-St-Zip: WINTER HAVEN, FL 33881

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:

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: LORNA THOMAS

DP

01/09/2008

Electronic Signature of Signing Officer or Director

Date