

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
May 30, 1996 08:00 AM
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J46707 (2)**
 1. Corporation Name
NEW ENRICHMENT CENTER FOR CHILDREN, INC.



Principal Place of Business: **1512 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL 32301**
 Mailing Address: **1512 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL 32301**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/11/1986**
 3a. Date of Last Report: **08/15/1995**
 4. FEI Number: **59-2756777**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **JAMES, LAURINA D, 1134 ABRAHAM ST. TALLAHASSEE FL 32304**
 10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0609 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES, LAURINA D | 1.2 NAME | |
| STREET ADDRESS | 1512 OLD ST AUGUSTINE RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL | 1.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES, ANTHONY R. | 2.2 NAME | |
| STREET ADDRESS | 1512 OLD ST AUGUSTINE RD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL | 2.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PITTMAN, SHIRLEY H | 3.2 NAME | |
| STREET ADDRESS | 1512 OLD ST. AUGUSTINE RD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL | 3.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERNON, JAMES | 4.2 NAME | |
| STREET ADDRESS | 1512 OLD ST. AUGUSTINE RD. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that the name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: *Laurina D James*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96 704-656-7122
 Date Date/Time

CR2E034 (12/95)