## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N93000001502 (4)

FAMILY AND LIFE ENRICHMENT CENTER, INC.

Principal Place of Business

Mailing Address

2100 ALTERNATE 19 NORTH PALM HARBOR FL 34682

SIGNATURE:

AGENTALISMEN IN MOUNT

## FILED May 19 1997 8:00am Secretary of State



3a. Date of Last Report 01/25/1996

3. Date Incorporated or Qualified 03/31/1993

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.	May Be to Fees . 199.032,  Code 3 7 7 1 is registered registered
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City & State  23 Largo, FL  24 33771  25 Pinellas  29 33771  30 Pinellas  9. Name and Address of Current Registered Agent  WIRT, DONALD W  28 City  29 Country  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing it office 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. hyped or printed name of registered Agent and the if applicable  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City  15. PUC  16. Election Campaign Financing Trust Fund Contribution  8. This corporation has flability for intensitially intensified agent.  8. This corporation has flability for intensified in Acceptable (Piona Statutes)  18. Name  82. Street Address (P.O. Box Number is Not Acceptable) 710.0 142 nd Ave., North  710.0 142 nd Ave., North  83. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE  Signature. hyped or printed name of registered agent and the if applicable  (NOTE: Registered Agent signature regulated when refinesting)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY ST. 2P  14. CITY ST. 2P  15. Change  MORRIS, QLENN  16. POOLE PLACE  17. Title  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Title  12. Change  13. STREET ADDRESS  14. CITY ST. 2P  16. DO OLD SMAR FL 34677  17. Change  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGE	Code 3 7 7 1 is registered registered
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Signature   Sign	Code 3 7 7 1 is registered registered
WIRT, DONALD W HOWAX FERMANE SENIOREN  WIRT, DONALD W  Signature. Typed or printed name of registered agent and title if applicable  WIRT, DONALD W  1.3 STREET ADDRESS  LA CITY-ST-ZIP  DELETE  LA CITY-ST-ZIP  DELETE  LA CITY-ST-ZIP  Change  MORRIS, GLENN  SIREET ADDRESS  CITY-ST-ZIP  OLDSMAR FL 34677  2.4 CITY-ST-ZIP  OLDSMAR FL 34677  2.4 CITY-ST-ZIP	s registered registered
WIRT, DONALD W AND ALTERNATE NAME  WIRT, DONALD W AND ALTERNATE NAME  TO 142nd Ave., North  82  Street Address (P.O. Box Number is Not Acceptable) 7100 142nd Ave., North  83  City Largo, FL 85 Zip Largo, FL 86	s registered registered
### Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  ### City	s registered registered
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	
Signature. Typed or printed name of registered Agent and the if applicable (NOTE: Registered Agent signature required when refeatating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  11/1 ITILE  PVC  WIRT, DONALD W  STREET ADDRESS  CITY-ST-ZIP  TAMPA/FE 33634X  1,4 CITY-ST-ZIP  NAME  MORRIS, GLENN  STREET ADDRESS  CITY-ST-ZIP  MORRIS, GLENN  STREET ADDRESS  CITY-ST-ZIP  OLOSMAR FL 34677  2,4 CITY-ST-ZIP  OLOSMAR FL 34677  2,4 CITY-ST-ZIP  OLOSMAR FL 34677  2,4 CITY-ST-ZIP  OLOSMAR FL 34677	
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14. I do 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 information indicated on this annual report or shoptemental annual report is true and accurate and that my signature shall have the same legal effect as if made un I am an officer or diffector of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my reposes in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or Bl	*bo