

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000001502 (4)
1. Corporation Name
FAMILY AND LIFE ENRICHMENT CENTER, INC.



Principal Place of Business: 2100 ALTERNATE 19 NORTH PALM HARBOR FL 34682
Mailing Address: 2100 ALTERNATE 19 NORTH PALM HARBOR FL 34682

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business: 21 7100 142nd Ave., N. Suite, Apt. #, etc. 22
2a. Mailing Address: 26 7100 142nd Ave., N. Suite, Apt. #, etc. 27
City & State: 23 Largo, FL
City & State: 28 Largo, FL
Zip: 24 33771 Country: 25 Pinellas
Zip: 29 33771 Country: 30 Pinellas

4. FEI Number: 59-3176500 Applied For: Not Applicable
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
WIRT, DONALD W
2100 ALTERNATE 19 NORTH
PALM HARBOR FL 34682

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7100 142nd Ave., North
83
84 City: Largo, FL 85 Zip Code: 33771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVC WIRT, DONALD W 2100 ALTERNATE 19 NORTH PALM HARBOR FL 34682	<input type="checkbox"/> DELETE	1.1 TITLE PVC WIRT, DONALD W. 160 Poole Place Oldsmar, FL 34677
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			1.3 STREET ADDRESS
TITLE	D MORRIS, GLENN 180 POOLE PLAC OLDSMAR FL 34677	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			2.3 STREET ADDRESS
TITLE	SD WIRT, SUSAN B 2100 ALTERNATE 19 NORTH PALM HARBOR FL 34682	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY-ST-ZIP			3.3 STREET ADDRESS
TITLE	D ASHBY, MARK A 9077 QUAIL CREEK DR TAMPA FL	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
TITLE	D HUTCHINSON, BILL 9413 OAK MEADOW CT TAMPA FL	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: _____ DATE: 1/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR: _____ DAYTIME PHONE #: 813-524-4276

CR2E037 (9/96)