

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 027 ****70.00

DOCUMENT # N93000001502

1. Entity Name

FAMILY AND LIFE ENRICHMENT CENTER, INC.

R

Principal Place of Business

Mailing Address

1805 PEPPER TREE DR.
 OLDSMAR FL 34677
 US

P.O. BOX 1228
 PALM HARBOR FL 32566-0926

2. Principal Place of Business

3. Mailing Address

233 N. Hill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Walton Beach FL

City & State

4. FEI Number

59-3176500

Applied For

Not Applicable

Zip

Country

32548 USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIRT, DONALD W
 160 POOLE PL
 OLDSMAR FL 34677

Name *Donald W. Wirt*

Street Address (P.O. Box Number is Not Acceptable)
2034 Indigo St

City *NAVARRE*

FL

Zip Code *32566*

8. 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 *Donald W. Wirt* *Donald W. Wirt*

5/3/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input type="checkbox"/> Delete
NAME	WIRT, DONALD W	
STREET ADDRESS	160 POOLE PLACE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WIRT, SUSAN B	
STREET ADDRESS	160 POOLE PLACE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODERICK, PHILLIP	
STREET ADDRESS	8990 WOODGATE MANOR DR.	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRT DONALD W	
STREET ADDRESS	2034 Indigo St	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRT SUSAN	
STREET ADDRESS	2034 Indigo St	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS GOLPHIN	
STREET ADDRESS	PO BOX 1777	
CITY-ST-ZIP	BALTIMORE MD 21244	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS GOLPHIN	
STREET ADDRESS	35173 LANGRISH Rd	
CITY-ST-ZIP	Baltimore Md. 21244	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other ~~is~~ empowered.

SIGNATURE: *Donald W. Wirt* *Donald W. Wirt* *5/3/2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21007 (1/98)