

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001502

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: FAMILY AND LIFE ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

244 N HILL AVE  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

244 NORTH HILL AVE.  
FORT WALTON BEACH, FL 32548 US

**Current Mailing Address:**

305 LOVEJOY RD.  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 59-3176500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIRT, DONALD W  
2309 MIAMI COURT  
NAVARRE, FL 32566 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: CPD ( ) Delete  
Name: WIRT, DONALD W  
Address: 2309 MIAMI COURT  
City-St-Zip: NAVARRE, FL 32566

Title: STD ( ) Delete  
Name: WIRT, SUSAN B  
Address: 2309 MIAMI COURT  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: GOLPHIN, DENNIS  
Address: 3517 B LANGRCHA RD  
City-St-Zip: BALTIMORE, MD 21244

**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 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 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: DONALD W. WIRT

CPD

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date