

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000001502

FILED
Jul 03, 2003
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:

Current Mailing Address:

PO BOX 6325
NAVARRE, FL 32566

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

07/03/2003

Electronic Signature of Signing Officer or Director

Date