

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90100 033 ****70.00

DOCUMENT # N99000006758

1. Entity Name

THE CENTER FOR FAMILY ENRICHMENT, INC.

Principal Place of Business

Mailing Address

6614 S. MASCOTTE ST.
 TAMPA FL 33616-1321

6614 S. MASCOTTE ST.
 TAMPA FL 33616-1321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3628864

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOWREY, THOMAS A
6614 S. MASCOTTE ST.
TAMPA FL 33616-1321

Name

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

City

FL

Zip Code

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 _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gary W. Angelo
STREET ADDRESS		STREET ADDRESS	3920 W. DeLeon St.
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33609
TITLE	<input type="checkbox"/> Delete	TITLE D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mary E. Calhoon
STREET ADDRESS		STREET ADDRESS	4012 Rogers Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33611
TITLE	<input type="checkbox"/> Delete	TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Donna Maria Mowrey
STREET ADDRESS		STREET ADDRESS	6614 S. Mascotte St.
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33616-1321
TITLE	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Thomas A. Mowrey
STREET ADDRESS		STREET ADDRESS	6614 S. Mascotte St.
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33616-1321
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: _____

Thomas A. Mowrey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Mowrey

MAR 23 2000

(813) 831-9009

DATE _____

Daytime Phone # _____

CR2E037 (9/99)