

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000720

Entity Name: JM LIFE ENRICHMENT CENTER, INC.**Current Principal Place of Business:**16316 COUNTRY LAKE CIRCLE
DELRAY BEACH, FL 33484**Current Mailing Address:**16316 COUNTRY LAKE CIRCLE
DELRAY BEACH, FL 33484**FEI Number:** 05-0564554**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TAYLOR, LARRY GSR
752 ST. ALBANS DRIVE
BOCA RATON, FL 33486 US*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**Officer/Director Detail :**

Title	P
Name	PERKINS, SHARLENE
Address	16316 COUNTRY LAKE CIR
City-State-Zip:	DELRAY BEACH FL 33484

Title	V
Name	JONES, DARREN
Address	3822 NW 77TH AVE.
City-State-Zip:	HOLLYWOOD FL 33024

Title	T
Name	HARRIS, DARWIN
Address	4926 HARRISON ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	S
Name	WILLIAMS, LEONA
Address	3105 ADA TIGER COURT
City-State-Zip:	HOLLYWOOD FL 33024

Title	MGRM
Name	LOUIS, JEAN
Address	P O BOX 16292
City-State-Zip:	FORT LAUDERDALE FL 33518

Title	MGMR
Name	NEVLOUS, VERNADINA
Address	7803 NW 70TH COURT
City-State-Zip:	TAMARAC FL 33321

Title	MGMR
Name	MELHADO, VALERIE
Address	6460 SW 10TH STREET
City-State-Zip:	NORTH LAUDERDALE FL 33068

I hereby 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 all other like empowered.

SIGNATURE: SHARLENE PERKINS

P

04/18/2016

Electronic Signature of Signing Officer/Director Detail_____
Date