

2021 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:** BISHOP LARRY G TAYLOR SR

05/04/2021

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

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

Title MGR
Name CARTER, SANDRA
Address 741 SW 100TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33025

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

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

Title MGR
Name THOMPkins, CINDY
Address 190 NE 129TH STREET
City-State-Zip: NORTH MIAMI FL 33161

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

PRESIDENT

05/04/2021

Electronic Signature of Signing Officer/Director Detail

Date