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 may 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 nam above, or on an attachment with all other like empowered.			
SIGNATURE: ROBERTA BLANCHARD	PRESIDENT	04/28/2021	

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

BLANCHARD, ROBERTA C 526 WYNNWOOD DR BRANDON, FL 33511 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

Officer/Director Detail :

Title	P TD	Title	VP D
Name	BLANCHARD, ROBERTA C	Name	DRAPP, KATHLEEN A
Address	P.O. BOX 4191	Address	P.O. BOX 4191
City-State-Zip:	BRANDON FL 33509	City-State-Zip:	BRANDON FL 33509
Title	S D		
Name	DAOUST, JANET M		
Address	P.O. BOX 4191		
City-State-Zip:	BRANDON FL 33509		

tify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same lenal effect as if made under

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1200006506

Entity Name: QUALITY LIFE BY EDUCATION AND RESEARCH INC.

Current Principal Place of Business:

526 WYNNWOOD DR BRANDON, FL 33511

Current Mailing Address:

P.O. BOX 4191 BRANDON, FL 33509

FEI Number: 46-0531983

Date

Certificate of Status Desired: No

FILED Apr 28, 2021 Secretary of State 4728773973CC

Date