

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001502

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC2962704689**

**Entity Name:** FAMILY AND LIFE ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

4408 WALLCRAFT AVE  
TAMPA, FL 33611

**Current Mailing Address:**

4408 WALLCRAFT AVE  
TAMPA, FL 33611 US

**FEI Number:** 59-3176500

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WIRT, DONALD W  
4408 WALLCRAFT AVE  
TAMPA, FL 33611 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 CPD  
Name WIRT, DONALD W  
Address PO BOX 13063  
City-State-Zip: TAMPA FL 33681

Title STD  
Name WIRT, SUSAN B  
Address PO BOX 13063  
City-State-Zip: TAMPA FL 33681

Title D  
Name GOLPHIN, DENNIS M  
Address 5022 TREMONT DRIVE  
City-State-Zip: RALEIGH NC 27609

*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:** DONALD W WIRT

CPD

03/06/2015

Electronic Signature of Signing Officer/Director Detail

Date