

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006758

**Entity Name:** THE CENTER FOR FAMILY ENRICHMENT, INC.

**Current Principal Place of Business:**

13921 FAREHAM RD.  
ODESSA, FL 33556-1754

**Current Mailing Address:**

13921 FAREHAM RD.  
ODESSA, FL 33556-1754 US

**FEI Number:** 59-3628864

**Certificate of Status Desired:** Yes

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

MOWREY, THOMAS A MR.  
13921 FAREHAM RD.  
ODESSA, FL 33556 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:** THOMAS A. MOWREY

04/30/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DT  
Name ANGELO, GARY W MR.  
Address 13921 FAREHAM RD.  
City-State-Zip: ODESSA FL 33556-1754

Title DST  
Name CALHOON, MARY E MRS.  
Address 114 ELM STREET  
City-State-Zip: LA VERGNE TN 37086-3783

Title DV  
Name MOWREY, DONNA M MRS.  
Address 13921 FAREHAM RD.  
City-State-Zip: ODESSA FL 33556-1754

Title P  
Name MOWREY, THOMAS A. MR.  
Address 13921 FAREHAM RD.  
City-State-Zip: ODESSA FL 33556-1754

Title SECRETARY  
Name MEJIA, DANA M MRS.  
Address 13921 FAREHAM ROAD  
City-State-Zip: ODESSA FL 33556-1754

Title ASST. SECRETARY  
Name MOWREY, MARIAH L MISS.  
Address 13921 FAREHAM RD.  
City-State-Zip: ODESSA FL 33556-1754

*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:** THOMAS A. MOWREY

**PRESIDENT & CEO**

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date