## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

754322

(6)

9945 SUNSET DRIVE MIAMI FL 33173-4822

21

22

24

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

## **FILED** Jun 13 1997 8:00am Secretary of State

THE FAMILY EDUCATION AND ENRICHMENT CENTER, INC.								
Principal Place	of Business	Mailing Address				TI DOLLI, INDUI BILLI		
9945 Sunset Drive Jiami Fl 33173-4822		9945 SUNSET DRIVE MIAMI FL 33173-4622				₩2		
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/24/1980 06/03/1996		
<b>–</b>	ace of Business	2a. Mailing Address				4. FEI Number Applied For S9-2036158 Not Ap.		
Suite, Apt.	#, etc.	26   Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 29	30 Cot	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No		
	9. Name and Address of Currer	it Registered Agent	•	l		10. Name and Address of New Registered Agent		
KERR, KAREN 6850 S.W. 75 STREET				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83				
MIAMI FI	•			84	City	FL 85 Zip Code		
office or ragent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with and accept the oblig Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 617.0503, Fl	authorize orida Sta	d by tutes	the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered   4/28/97  required when reinstating)  DATE		
12.		D DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE 1.		ITLE		TREASURE Change Addition		
NAME	KERR, KAREN 1.			1.2 NAME 1.3 STREET ADDRESS		JUDD ARDNOW ITZ 8031 610 98 TERK		
STREET ADORESS	MIAMI FL					MIAMA FL		
CITY-ST-ZIP TITLE	DT DT	DELETE	217		1-20	DIRECTOR Change Addition		
NAME	ALLEN, THOMAS	EN, HONDO				PAUL SOPER 13010 SUIDZAVE		
STREET ADDRESS	6234 SW 57 DR.	•			ADDRESS .	M1944 F153176		
CITY-ST-ZIP	MIAMI FL 33143	DELETE	3.1 7		ST-ZIP	Change Addition		
TITLE	S DARRELINGA CATHERDINE							
NAME RADZIEWICZ, CATHERINE				3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS	DIACOLL SA LE							
CITY-ST-ZIP TITLE	MIAMI FL	DELETE		8.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition		
·				NAME				
NAME CEDELL ADDRESS					ADDRESS			
STREET ADDRESS				XTY-S				
CITY-ST-ZIP		DELETE	5.1 1			Change Addition		

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP

LEGION VOPD

4 /20/97

279-6926

Change

Addition