

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90071 025 ****61.25

DOCUMENT # 755607

1. Entity Name

LIFE ENRICHMENT CENTER, INC.



Principal Place of Business

9704 NORTH BOULEVARD
TAMPA FL 33612

Mailing Address

9704 NORTH BOULEVARD
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2108128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATCALF, RONNA J
2401 BAYSHORE BLVD 207
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Executive Director

3/2/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUBLEY, MARTIN	
STREET ADDRESS	3820 NORTHDAL BLVD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COS, ELIZABETH	
STREET ADDRESS	16606 WINDSOR PARK AVENUE	
CITY-ST-ZIP	LUTZ FL 33547	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOWNING, MARK	
STREET ADDRESS	702 NORTH FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEYWOOD, TURNER A	
STREET ADDRESS	11108 CARROLLWOOD DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOBERG, MARK	
STREET ADDRESS	3114 WEST HAVTHORNE ROAD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHASTAIN, ZANITA	
STREET ADDRESS	7542 TERRACE RIVER DRIVE	
CITY-ST-ZIP	TAMPA FL 33637	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	m	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cos, Elizabeth	
STREET ADDRESS	16606 Windsor Park Drive	
CITY-ST-ZIP	Lutz, Florida 33547	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Downing, Mark	
STREET ADDRESS	702 North Franklin Street	
CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heywood A. Turner	
STREET ADDRESS	11108 Carrollwood Dr	
CITY-ST-ZIP	Tampa, Florida 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronna J Matcalf

3/22/05

Date

Daytime Phone #

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Platt, Jan 3531 Village Way Tampa, Florida 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miranda, Charlie 2918 West Lake Avenue Tampa, Florida 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nardelli, Rick 7327 Egypt Lake Drive Tampa, Florida 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bärgren, William 725 South Brevard Avenue Tampa, Florida 33606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

ATTACHMENT

7557607
50031026