

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90123 045 ****61.25

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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

4. FEI Number **59-2108128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATCALF, RONNA J.
2401 BAYSHORE BLVD 207
TAMPA FL 33629**

Name

Ronna J. Metcalf

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

2401 Bayshore Blvd. #207

City

Tampa

FL

Zip Code
33629

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

Ronna J. Metcalf

Executive Director

7/14/03

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **BUBLEY, MARTIN**
STREET ADDRESS **3820 NORTHDAL BLVD**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☒ Change ☐ Addition
NAME **Bubley, Martin**
STREET ADDRESS **3820 Northdale Blvd.**
CITY-ST-ZIP **Tampa, Florida 33624**

TITLE **V** ☐ Delete
NAME **COS, ELIZABETH**
STREET ADDRESS **16606 WINDSOR PARK AVENUE**
CITY-ST-ZIP **LUTZ FL 33547**

TITLE **C** ☒ Change ☐ Addition
NAME **Cos, Elizabeth**
STREET ADDRESS **16606 Windsor Park Avenue**
CITY-ST-ZIP **Lutz, Florida 33547**

TITLE **T** ☐ Delete
NAME **FIELDS, ELIZABETH**
STREET ADDRESS **6814 MONIQUE AVENUE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☒ Change ☐ Addition
NAME **Fields, Elizabeth**
STREET ADDRESS **6814 Monique Avenue**
CITY-ST-ZIP **Tampa, Florida 33625**

TITLE **S** ☐ Delete
NAME **HEYWOOD, TURNER A**
STREET ADDRESS **11108 CARROLLWOOD DR**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **T** ☒ Change ☐ Addition
NAME **Turner, Heywood A.**
STREET ADDRESS **11108 Carrollwood Drive**
CITY-ST-ZIP **Tampa, Florida 33618**

TITLE **D** ☐ Delete
NAME **MOBERG, MARK**
STREET ADDRESS **3347 WESTHSORE BLVD SOUTH**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Change ☐ Addition
NAME **Moberg, Mark**
STREET ADDRESS **3114 West Hawthorne Road**
CITY-ST-ZIP **Tampa, Florida 33606**

TITLE **D** ☐ Delete
NAME **CHASTAIN, ZANITA**
STREET ADDRESS **113 SOUTH WOODLYNNE AVENUE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **S** ☒ Change ☐ Addition
NAME **Chastain, Zanita**
STREET ADDRESS **7542 Terrace River Drive**
CITY-ST-ZIP **Temple Terrace, FL 33637**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Metcalf

7/14/03 813/932-0241

CR2E037 (4/03)