

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90006 022 ****61.25

DOCUMENT # 765878

1. Corporation Name

LIFE EDUCATION CENTER, INC.

Principal Place of Business

1919 NE 45TH ST #224
FT. LAUDERDALE FL 33308
US

Mailing Address

P O BOX 70404
FT. LAUDERDALE FL 33307
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/29/1982

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2496533

Applied For

☐ Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOREHEAD, FLORENCE
263 N. TRADEWINDS AVE.
LAUDERDALE BY THE SEA FL FL 33308

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD LAVERATT, MARY**
STREET ADDRESS **1748 N.E. 36 STREET**
CITY-ST-ZIP **OAKLAND PARK FL 33326**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD CASSIDY, CLAIRE**
STREET ADDRESS **2157 BATON ROUGE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TSD FADGEN, JERRY**
STREET ADDRESS **19 E ACRE DRIVE**
CITY-ST-ZIP **PLANTATION FL 33317**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SULLIVAN, DOROTHY J**
STREET ADDRESS **1668 NE 34TH LANE**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MOREHEAD, FLORENCE**
STREET ADDRESS **263 N. TRADEWINDS AVE**
CITY-ST-ZIP **LAUD. BY THE SEA FL 33308**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D VAN METER, LARUE**
STREET ADDRESS **1001 NE 2ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (954) 772 5433
Date Daytime Phone #
(954) 568-7057

CR2E037 (11/98)