


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # 765878</b>                             |  |  |
| 1. Entity Name<br><b>LIFE EDUCATION CENTER, INC.</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>6200 JOHN HORAN TERR<br/>PARISH HALL<br/>TAMARAC FL 33321<br/>US</b> | Mailing Address<br><b>P O BOX 70404<br/>FT. LAUDERDALE FL 33307<br/>US</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E037 (11/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-2496533</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>MOREHEAD, FLORENCE<br/>263 N. TRADEWINDS AVE.<br/>LAUDERDALE BY THE SEA FL FL 33308</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

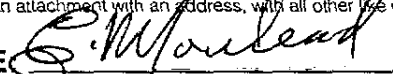
10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MOREHEAD, E<br>263 N TRAEWINDS AVE<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VDP<br>CASSIDY, CLAIRE<br>2157 BATON ROUGE<br>FT. LAUDERDALE FL <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TSD<br>FADGEN, JERRY<br>19 E ACRE DRIVE<br>PLANTATION FL 33317 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SULLIVAN, DOROTHY J<br>1668 NE 34TH LANE<br>OAKLAND PARK FL 33334 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MOREHEAD, FLORENCE<br>263 N. TRADEWINDS AVE<br>LAUD. BY THE SEA FL 33308 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>VAN METER, LARUE<br>1001 NE 2ND STREET<br>FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 000000065268<br>03/01/04-80008-017 61.25           |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 life empowered.

SIGNATURE  **E. MOREHEAD** 2-28-04 954-772704