

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
ANNUAL REPORT
1997
FLORIDA DEPARTMENT OF STATE
Tallahassee
Division of Corporations

FILED

98 AUG 28 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J46707 (2)
1. Corporation Name
NEW ENRICHMENT CENTER FOR CHILDREN, INC.

Principal Place of Business
1512 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32301
Mailing Address
1512 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1986
3a. Date of Last Report
05/30/1996
4. FEI Number
59-2756777
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be
Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

JAMES, LAURINA D
1134 ABRAHAM ST.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600002630716--9
83 -09/01/98--01086--006
84 City
****315.00 ****315.00
FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JAMES, LAURINA D
1512 OLD ST AUGUSTINE RD
TALLAHASSEE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JAMES, ANTHONY R.
1512 OLD ST AUGUSTINE RD
TALLAHASSEE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PITTMAN, SHIRLEY H
1512 OLD ST. AUGUSTINE RD
TALLAHASSEE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VERNON, JAMES
1512 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laurina James

CR2E034 (4/97)

②

Date: 8/28/98

To: Ill Dept of State / Dir. of Corporations

From: New Enrichment Ctr for Children, Inc
Shirley Pittman / Admin.

Please be advised that to my knowledge we
never received the annual report initially sent.
It is with deepest appreciation that any consideration
given will be of great help.

Shirley Pittman