

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

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90098 009 \*\*\*\*\*70.00

**DOCUMENT # NO1000005439**

1. Entity Name

**LEARNING FOR ENRICHMENT DEVELOPMENT INSTITUTE, I  
NC**



Principal Place of Business

**757 NW 15 ST  
POMPANO BEACH FL 33060**

Mailing Address

**757 NW 15 ST  
POMPANO BEACH FL 33060**

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 **65-1136712**

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

**EDDEN, TERRY  
757 NW 15 ST  
POMPANO BEACH FL 33060**

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

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**

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  
NAME **COB  
WILLIAMS, LEVI ESQ** ☐ Delete  
STREET ADDRESS **200 SE 13 ST**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE *Patricia Davis - Treasurer* ☐ Change ☒ Addition  
NAME *Patricia Davis*  
STREET ADDRESS *Pompano Beach, Florida*  
CITY-ST-ZIP

TITLE  
NAME **VCOB  
ROBERTS, WILLIE** ☐ Delete  
STREET ADDRESS **1820 SW 65 AVE**  
CITY-ST-ZIP **N LAUDERDALE FL 33068**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **P  
EDDEN, TERRY** ☐ Delete  
STREET ADDRESS **757 NW 15 ST**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **T  
WILLIAMS, MATTIE** ☐ Delete  
STREET ADDRESS **757 NW 15 ST**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **D  
JONES, PRESTON DR** ☐ Delete  
STREET ADDRESS **NOVE UNIVERSITY 3100 SW 9 AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **D  
LAWSON, WILLIE L III** ☐ Delete  
STREET ADDRESS **510 E MCNAB RD, #10**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Terry Edden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/03*  
Date

*954-752-9476*  
Daytime Phone #

CR2E037 (10/02)