


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001037

1. Entity Name
IRY D. & GWENDOLYN HERBERT LIFE ENRICHMENT
CENTER INCORPORATED.



Principal Place of Business C/O IRY D. HERBERT 301 W 22ND ST RIVIERA BCH, FL 33404	Mailing Address C/O IRY D. HERBERT 301 W 22ND ST RIVIERA BCH, FL 33404
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERBERT, IRY D
301 W 22ND ST
RIVIERA BCH, FL 33404

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERBERT, IRY D 301 W 22ND ST RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERBERT, GWENDOLYN Y 301 W 22ND ST RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT, RAY V 301 W 22ND ST RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCORMICK, CLANCY 2408 NW 8TH ST POMPANO BCH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000580312
01/10/07-80043-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: IRY D. HERBERT, Director 1-4-07 561-541-2963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #