

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

01-29-2008 90030 027 ****61.25

40013172



01082008 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERBERT, IRY D
STREET ADDRESS 301 W 22ND ST
CITY-ST-ZIP RIVIERA BCH, FL 33404

TITLE DV
NAME HERBERT, GWENDOLYN Y
STREET ADDRESS 301 W 22ND ST
CITY-ST-ZIP RIVIERA BCH, FL 33404

TITLE D
NAME HERBERT, RAY V
STREET ADDRESS 301 W 22ND ST
CITY-ST-ZIP RIVIERA BCH, FL 33404

TITLE DS
NAME MCCORMICK, CLANCY
STREET ADDRESS 2408 NW 8TH ST
CITY-ST-ZIP POMPANO BCH, FL 33409

TITLE DS
NAME melvin Brooks
STREET ADDRESS 7240 NW 44th CT
CITY-ST-ZIP Lauderhill, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Add

**DO NOT WRITE
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: *Herb Herbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

561-541-2962

Date

Daytime Phone #