

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

FILED
Jan 29, 2008 8:00 am
Secretary of State

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

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

40013172



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 reinstating)

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
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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
melvin Brooks
7240 NW 94th St
Lauderhill, FL 33319

☒ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

Date

561-541-2962

Daytime Phone #