


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91051 041 \*\*\*\*70.00

<b>DOCUMENT # N02000002343</b> 1. Entity Name <b>LIFE ENRICHMENT EDUCATION CENTER, INC.</b>					
Principal Place of Business <b>6550 N. PALAFOX BOULEVARD PENSACOLA FL 32503</b>				Mailing Address <b>6550 N. PALAFOX BOULEVARD PENSACOLA FL 32503</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 19033</b>  Suite, Apt. #, etc.			
City & State <b>Pensacola Florida</b>		City & State <b>Pensacola Florida</b>		4. FEI Number <b>59-2368294</b>	
Zip <b>32503</b>		Country <b>Escambia</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YOUNG, LARRY J 6550 N. PALAFOX BOULEVARD PENSACOLA FL 32503</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE <b>PO</b> <input type="checkbox"/> Delete NAME <b>YOUNG, JOHN D SR</b> STREET ADDRESS <b>8346 SUNNY ACRE LANE</b> CITY-ST-ZIP <b>PENSACOLA FL 32514</b>			TITLE <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Wilhelming Lewis</b> STREET ADDRESS <b>2075 Creighton Road, Apt. 13</b> CITY-ST-ZIP <b>Pensacola, FL 32504</b>		
TITLE <b>SD</b> <input type="checkbox"/> Delete NAME <b>CURRY, CLAUDIA S</b> STREET ADDRESS <b>208 CUSHMAN STREET</b> CITY-ST-ZIP <b>PENSACOLA FL 32505</b>			TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Curry, Claudia S</b> STREET ADDRESS <b>208 Cushman Street</b> CITY-ST-ZIP <b>Pensacola, FL 32505</b>		
TITLE <b>TD</b> <input type="checkbox"/> Delete NAME <b>YOUNG, LARRY J</b> STREET ADDRESS <b>4495 CESSNOCK DRIVE</b> CITY-ST-ZIP <b>PENSACOLA FL 32514</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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:** *Larry J. Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/9/04 Daytime Phone # \_\_\_\_\_