

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002343

1. Entity Name

LIFE ENRICHMENT EDUCATION CENTER, INC.



Principal Place of Business

6550 N. PALAFOX BOULEVARD
PENSACOLA, FL 32503

Mailing Address

P.O. BOX 19033
PENSACOLA, FL 32523-9033



08172006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2368294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, LARRY J
6550 N. PALAFOX BOULEVARD
PENSACOLA, FL 32503

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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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YOUNG, JOHN D SR.
STREET ADDRESS 8346 SUNNY ACRE LANE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D
NAME CURRY, CLAUDIA S
STREET ADDRESS 208 CUSHMAN STREET
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE TD
NAME YOUNG, LARRY J
STREET ADDRESS 4495 CESSNOCK DRIVE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE S
NAME WILHELMING, LEWIS
STREET ADDRESS 2075 CREIGHTON RD., APT. B
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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08/23/06-80004-003 70.00

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

8/17/06 (850) 232-5411
Date Daytime Phone #