2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009317

1. Entity Name
LIFE ENRICHMENT CENTER FORT WALTON BEACH, INC.

Principal Place of Business	Mailing Address
305 LOVEJOY ROAD FORT WALTON BEACH, FL 32548	PO BOX 1474 FORT WALTON BEACH, FL 32549

02092005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
41-2075574
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THORNE, L.M.
305 LOVEJOY ROAD
FORT WALTON BEACH, FL 32548

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THORNE, L.M.
STREET ADDRESS	9412 BONE BLUFF DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VD
NAME	JAMES, JIMMY JR
STREET ADDRESS	7152 SNUG WATERS ROAD
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	STD
NAME	JENKINS, GREGORY
STREET ADDRESS	4094 HOWARD DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	THORNE, TERRY
STREET ADDRESS	8522 GULFBEACH DR.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	THORNE, JUNE
STREET ADDRESS	9412 BONE BLUFF DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/05-80060-011 61.25

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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: Terry K. Thorne 2/9/05 850-244-7651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #