

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000009317

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



Principal Place of Business  
305 LOVEJOY ROAD  
FORT WALTON BEACH, FL 32548

Mailing Address  
PO BOX 1474  
FORT WALTON BEACH, FL 32549



04182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2007**

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 217 GRACIE LANE  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D  
NAME THORNE, TERRY  
STREET ADDRESS 8522 GULFBEECH 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

**DO NOT WRITE  
IN THIS SPACE**

U00000725138  
05/03/07-80010-010-61-25

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

Date

Daytime Phone #

*Terry K. Thorne* 4/18/07 244-7651