

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N02000009432

1. Entity Name
FAMILY AND COMMUNITY EDUCATION LIFE, INC.



Principal Place of Business
23991 BLUE STAR MEMORIAL HIGHWAY
QUINCY, FL 32351

Mailing Address
23991 BLUE STAR MEMORIAL HIGHWAY
QUINCY, FL 32351

FILED

05 SEP -6 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
20-1067393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, SHAMEKA L
23991 BLUE STAR MEMORIAL HIGHWAY
QUINCY, FL 32351

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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

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 7, 2005

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	D BURGESS, NED SR. POST OFFICE BOX 773 QUINCY, FL 32353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, NED JR. 98 JENKINS PLACE QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURGESS, SHAMEKA L 23991 BLUE STAR MEMORIAL HIGHWAY QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900059741199
09/19/05--01048--004 **\$61.25

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IN THIS SPACE

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:

Shameka Burgess
Shameka Burgess 9/2/05 8502129736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel SEP - 6 2005