

# 2006 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
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**FILED**

06 SEP -5 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05312006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1067393	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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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**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 September 6, 2006**

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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE  
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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:** Shameka L. Burgess Shameka L. Burgess 7/21/06 8509802157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #