

**2007 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**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
07 JUN -1 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05172007 No Chg-NP CR2E037 (4/06)

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**

**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 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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06/05/07--01051--003 \*\*70.00

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/07

Date

8503215248

Daytime Phone #