

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90184 029 ****70.00

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

4/2

DOCUMENT # N03000000720			
1. Entity Name JM LIFE ENRICHMENT CENTER, INC.			
Principal Place of Business 2101 LOWSON BLVD., C-2 DELRAY BEACH, FL 33445		Mailing Address 2101 LOWSON BLVD., C-2 DELRAY BEACH, FL 33445	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number APPLIED FOR 05-0544554		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, LARRY G SR 752 ST. ALBANS DR. BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 752 ST. ALBANS DR. City FL Zip Code	
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 <u>Bishop Larry G. Taylor</u> DATE <u>4/7/05</u> (NOTE: Registered Agent signature required when constituting)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PERKINS, SHARLENE 18316 COUNTRY LAKE CIR DELRAY BEACH, FL 33484 Delete ☐ President	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD JONES, DARREN 3822 NW 77TH AVE. HOLLYWOOD, FL 33024 Delete ☐ Vice President	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SFB HARRIS, DARWIN 4926 HARRISON ST HOLLYWOOD, FL 33021 Delete ☐ Treasurer	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
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 817, 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: <u>Sharlene Perkins</u> DATE <u>4/7/05</u> 561-498-2774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number APPLIED FOR 05-056459		Applied For ☒ Not Applicable			
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAYLOR, LARRY G SR 752 ST. ALBAS DR. BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 <u><i>Larry G Taylor</i></u> DATE <u>4/07/05</u> (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME PERKINS, SHARLENE	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 16316 COUNTRY LAKE CIR	DELRAY BEACH, FL 33484		STREET ADDRESS	CITY-STATE-ZIP	
CITY-STATE-ZIP	DELRAY BEACH, FL 33484		CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE VD	NAME JONES, DARREN	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 3822 NW 77TH AVE.	HOLLYWOOD, FL 33024		STREET ADDRESS	CITY-STATE-ZIP	
CITY-STATE-ZIP	HOLLYWOOD, FL 33024		CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE STD	NAME HARRIS, DARWIN	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 4826 HARRISON ST	HOLLYWOOD, FL 33021		STREET ADDRESS	CITY-STATE-ZIP	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021		CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete	TITLE	☐ Change ☒ Addition	
STREET ADDRESS	Sherri Hicks		STREET ADDRESS	14851 SW 18th St	
CITY-STATE-ZIP	Miramar, FL 33027 member		CITY-STATE-ZIP	Miramar, FL 33027	
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP	
CITY-STATE-ZIP	CITY-STATE-ZIP		CITY-STATE-ZIP	CITY-STATE-ZIP	
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 recorder 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: <u><i>Sharlene Perkins</i></u>			DATE: <u>4-7-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

ATTACHMENT

66020945



03112005 Chg-NP CR2E037 (10/03)

APPLIED FOR 05-056459

\$8.75 Additional Fee Required

FL

DATE

member