

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000720

FILED
Aug 13, 2007
Secretary of State

Entity Name: JM LIFE ENRICHMENT CENTER, INC.

Current Principal Place of Business:

16316 COUNTRY LAKE CIRCLE
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

16316 COUNTRY LAKE CIRCLE
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 05-0564554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAYLOR, LARRY G SR
752 ST. ALBANS DRIVE
BOCA RATON, FL 33486 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERKINS, SHARLENE
Address: 16316 COUNTRY LAKE CIR
City-St-Zip: DELRAY BEACH, FL 33484

Title: V () Delete
Name: JONES, DARREN
Address: 3822 NW 77TH AVE.
City-St-Zip: HOLLYWOOD, FL 33024

Title: T () Delete
Name: HARRIS, DARWIN
Address: 4926 HARRISON ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: WILLIAMS, LEONA
Address: 3105 ADA TIGER COURT
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM () Delete
Name: LOUIS, JEAN
Address: P O BOX 16292
City-St-Zip: FORT LAUDERDALE, FL 33518

Title: MGRM () Delete
Name: POLLYDORE, DEANNA
Address: 10737 S PRESERVE WAY, #106
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARLENE PERKINS

PRES

08/13/2007

Electronic Signature of Signing Officer or Director

Date