

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/30/2004-90008-037-36125561
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -6 AM 8:08

DOCUMENT # N03000005991

1. Entity Name

ROGERS COMMUNITY LIFE ENRICHMENT CENTER,
INCORPORATED



Principal Place of Business

1100 15TH ST. EAST
BRADENTON FL 34208

Mailing Address

1100 15TH ST. EAST
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

57-1179649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMPKINS, CHERYL
924 SUNRIDGE DR.
SARASOTA FL 34234

Street Address (P.O. Box Number is Not Acceptable)

6005 39th Ct. E

Bradenton,

City

FL

Zip Code

34203

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

Cheryl Y. Lampkins

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when requesting)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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 D
NAME PEARCEY, ANTHONY
STREET ADDRESS 10086 GERRY MILLS AVE. CIR.
CITY- ST- ZIP BRADENTON FL 34202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE P
NAME MEDLIN, BENNIE
STREET ADDRESS 2418 VERMONT AVE. EAST
CITY- ST- ZIP BRADENTON FL 34208

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE T
NAME LAMPKINS, CHERYL
STREET ADDRESS 924 SUNRIDGE DR.
CITY- ST- ZIP SARASOTA FL 34234

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D
NAME JOYNER, TONYA
STREET ADDRESS 3605 6TH AVE. WEST
CITY- ST- ZIP PALMETTO FL 34221

TITLE V
NAME Joseph Thompson
STREET ADDRESS 106 133RD ST. E
CITY- ST- ZIP Bradenton, FL 34212 ☐ Change ☒ Addition

TITLE S
NAME MITCHELL, GLORIA Y
STREET ADDRESS 1613 14TH AVE. EAST
CITY- ST- ZIP BRADENTON FL 34208

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- 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 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

Bennie Medlin 8/12/04 941-782-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/6