

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009786

FILED
Jan 15, 2009
Secretary of State

Entity Name: LIFE ENRICHMENT PROGRAMS FOUNDATION, INC.

Current Principal Place of Business:

333 CAMINO GARDENS BLVD
STE 102
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

2309 N.W. 64TH STREET
BOCA RATON, FL 334963618

New Mailing Address:

FEI Number: 90-0125492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAFTER, LEONARD
2309 NW 64TH ST
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: D, P () Delete
Name: KLAFTER, LEONARD
Address: 2309 N.W. 64TH STREET
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: WESTPHAL, DAN DR
Address: 800 MEADOWS RD
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: LARES, RONALD
Address: 6034 NW 45TH WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: ROCKWELL, DENNIS PH.D.
Address: 21301 POWERLINE ROAD, SUITE 311
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: EDENFELD, GREG
Address: 9900 STERLING RD STE 304
City-St-Zip: COOPER CITY, FL 33024

Title: D () Delete
Name: WEISBERG, STEVE DR
Address: 2810 PALMER DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

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
Name:
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: LEONARD KLAFTER

DIRE

01/15/2009

Electronic Signature of Signing Officer or Director

Date