


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N33628 1. Entity Name FOUNDATION FOR THE ENHANCEMENT AND ENRICHMENT OF LIFE, INC.	
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Principal Place of Business 11913 NW 31 STREET CORAL SPRINGS, FL 33065 US	Mailing Address 11913 NW 31 STREET CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE



01222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0141479	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONSALVES, ALBERT V
11193 NW 31 STREET
CORAL SPRINGS, FL 33065

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000196912 01/26/05-80085-020 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GONSALVES, ALBERT V 11913 NW 31 STREET CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT GONSALVES, PATRICIA E 11913 NW 31 STREET CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GONSALVES, RHONDA L 11913 NW 31 STREET CORAL SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: *Patricia Gonsalves* **PATRICIA GONSALVES** *1/22/05* *954 753 6797*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #