

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 30 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N49157** (3)  
1. Corporation Name  
**LIFE ENHANCEMENT ASSOCIATION FOR PEOPLE, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>2928 WALLCRAFT AVE.<br/>TAMPA FL 33611</b> | Mailing Address<br><b>2928 WALLCRAFT AVE.<br/>TAMPA FL 33611-1651</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/29/1992</b> | 3a. Date of Last Report<br><b>07/26/1996</b> |
|--|--|

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country | 4. FEI Number<br><b>59-3124229</b><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|---|---|---|

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>HOBAR, GEORGE D.<br/>2928 WALLCRAFT AVE.<br/>TAMPA FL 33611</b> | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City<br><b>FL</b> <b>85</b> Zip Code |
|---|---|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOBAR, GEORGE D.</b>                   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2928 WALLCRAFT AVE.</b>                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BREEN, MARY</b>                        | 2.2 NAME  |   |
| STREET ADDRESS             | <b>5840 BELMONT AVE.</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DALLAS TX</b>                          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SHIMEK, ANNE</b>                       | 3.2 NAME  |   |
| STREET ADDRESS             | <b>4141 ROSEMEADE, #5205</b>              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DALLAS TX</b>                          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BREEN, MARIAN</b>                      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>8803 AZALEA TRAIL</b>                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>AUSTIN TX</b>                          | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOBAR, COBURN</b>                      | 5.2 NAME  |   |
| STREET ADDRESS             | <b>8819 SOUTHWESTERN BLVD.</b>            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DALLAS TX</b>                          | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BYRD, JIM</b>                          | 6.2 NAME  |   |
| STREET ADDRESS             | <b>6950 TOHALON</b>                       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DALLAS TX</b>                          | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)