

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51112

FILED
Apr 20, 2008
Secretary of State

Entity Name: THE FAMILY ENRICHMENT CENTER, INC.

Current Principal Place of Business:

1808 N MORGAN STREET
TAMPA, FL 33602 US

New Principal Place of Business:

1002 E. MARTIN LUTHER KING BLVC
TAMPA, FL 33603 US

Current Mailing Address:

8102 JAD DR.
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-3144855 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, CHARLES
8102 JAD DRIVE
TAMPA, FL 33619 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: CEO () Delete
Name: DAVIS, CHARLES
Address: 8101 JAD DRIVE
City-St-Zip: TAMPA, FL 33619

Title: DP () Delete
Name: BREWINGTON, MARC
Address: 1501 LIONS CLUB DRIVE
City-St-Zip: BRANDON, FL 33511

Title: 1VD () Delete
Name: MCCULLOUGH, WILLIAM
Address: HANNAH AVE
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: YORK, MARLENE
Address: 2113 NASSAU ST.
City-St-Zip: TAMPA, FL 33607

Title: 2VD () Delete
Name: MORRIS, THERON
Address: 3611 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: SINGLETARY, J.D.
Address: 9830 LEWIS ROAD
City-St-Zip: THONOTOSASSA, FL 33592

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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City-St-Zip:

Title: () Change () Addition
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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: MARC S. BREWINGTON

DP

04/20/2008

Electronic Signature of Signing Officer or Director

Date