2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# N93000001502

Entity Name: FAMILY AND LIFE ENRICHMENT CENTER, INC.

Current Principal Place of Business:

244 NORTH HILL AVE.
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

305 LOVEJOY RD.
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3176500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIRT, DONALD W
2309 MIAMI COURT
NAVARRE, FL 32566 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: CPD ( ) Delete
Name: WIRT, DONALD W
Address: 2309 MIAMI COURT
City-St-Zip: NAVARRE, FL 32566

Title: STD ( ) Delete
Name: WIRT, SUSAN B
Address: 2309 MIAMI COURT
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: GOLPHIN, DENNIS
Address: 3517 B LANGRCHA RD
City-St-Zip: BALTIMORE, MD 21244

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GOLPHIN, DENNIS M
Address: 5022 TREMONT DRIVE
City-St-Zip: RALEIGH, NC 27609

Title: D ( ) Change (X) Addition
Name: ASHBY, MARK
Address: 1921 BAMBI COURT
City-St-Zip: SEBRING, FL 33875

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: DONALD W.WIRT CPD 01/30/2008

Electronic Signature of Signing Officer or Director — Date