

**2004-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90003 034 ****61.25

DOCUMENT # N95000000905

1. Entity Name

FAMILY APPROACH TO CHILD ENRICHMENT, INC.



Principal Place of Business

**467 SAWTOOTH LANE
MCDONOUGH, GA 30253**

Mailing Address

**467 SAWTOOTH LANE
MCDONOUGH, GA 30253**

54071016



08132004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-5236020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKWITH, FRANKLIN
1560 N.W. 55 TERRACE
MIAMI, FL 33142**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BETHEL, LAURA T
STREET ADDRESS	467 SAWTOOTH LANE
CITY-ST-ZIP	MCDONOUGH, GA 30253
TITLE	P
NAME	JOHNSON, RODERICK Williams, Gary
STREET ADDRESS	6877 BELLS LANDING COVE 463 Sawtooth Lane
CITY-ST-ZIP	REX, GA 30223 McDonough Ga. 30253
TITLE	T
NAME	BURROUGHS, OPHELIA
STREET ADDRESS	7545 MONTEGO CT
CITY-ST-ZIP	RIVERDALE, GA 30276
TITLE	D
NAME	JOHNSON, CELESTE R O Wong Sutton
STREET ADDRESS	6877 BELLS LANDING COVE 4518 Shadyleaf Ln.
CITY-ST-ZIP	REX, GA 30223 Decatur Ga 30034
TITLE	D
NAME	BURROUGH, EUGENE
STREET ADDRESS	4545 MONTEGO COURT
CITY-ST-ZIP	RIVERDALE, GA 630274
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:

Laura T Bethel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/04 *678-432-2912*
Date Daytime Phone #