


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 28 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004352 (8)**

1. Corporation Name  
**CENTER FOR LIFE ENRICHMENT, INC.**



Principal Place of Business <b>3229 VIRGINIA STREET COCONUT GROVE FL 33133</b>	Mailing Address <b>P O BOX 331503 COCONUT GROVE FL 33233 US</b>
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3. Date Incorporated or Qualified  
**08/19/1996**

4. FEI Number <b>65-0691641</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 3141 MCDONALD ST.</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23 COCONUT GROVE, FLORIDA</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24 33133</b>	Country <b>25 U.S.A.</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**HEBERD, BARBARA R  
3229 VIRGINIA STREET  
COCONUT GROVE FL 33133-ND**

10. Name and Address of New Registered Agent

<b>81</b> Name <b>REV. BARBARA HEISBERG</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>3141 MCDONALD STREET</b>
<b>83</b>
<b>84</b> City <b>COCONUT GROVE FL</b>
<b>85</b> Zip Code <b>33133</b>

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 Barbara Heberd, REVEREND DATE April 20, 1998

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEBERD, BARBARA 3229 VIRGINIA STREET COCONUT GROVE FL 33133 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, PAUL 251 WEST PROSPECT ROAD OAKLAND PARK FL 33309 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEHFAR, LAURA 16250 NE 2ND AVENUE MIAMI FL 33162 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

FL. 33304 ZIP correction

14. 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 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.

SIGNATURE: Barbara Heberd, REVEREND DATE April 20, 1998 448-8555

Signature and typed or printed name of signing officer or director Date Daytime Phone # 000-0000

CR2E037 (10/97)