

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004352

FILED
Apr 24, 2009
Secretary of State

Entity Name: CENTER FOR LIFE ENRICHMENT, INC.

Current Principal Place of Business:

3141 MCDONALD ST
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

PLYMOUTH CONGREGATIONAL CHURCH COMPLEX
DEVON ROAD
COCONUT GROVE, FL 33133 US

Current Mailing Address:

P O BOX 331503
COCONUT GROVE, FL 33233 US

New Mailing Address:

FEI Number: 65-0691641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEBBERD, BARBARA REV
3141 MCDONALD ST
COCONUT GROVE, FL 33133ND 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: PD () Delete
Name: HEBBERD, BARBARA
Address: 3141 MCDONALD ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD () Delete
Name: HARRISON, PAUL
Address: 888 INTRACOASTAL DRIVE 15 F
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SD () Delete
Name: BEHFAR, LAURA
Address: 16250 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEBBERD, BARBARA
Address: 6350 SW 35TH PLACE
City-St-Zip: MIRAMAR, FL 33023

Title: () Change () Addition
Name:
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: BARBARA HEBBERD

PD

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date