

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004520

1. Corporation Name

Life Education and Resource Network, Inc.

Principal Place of Business

2224 Dardanelle Dr
Orlando, FL 32808

Mailing Address

2224 Dardanelle Dr
Orlando, FL 32808

97 OCT -9 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 4620 Lipscomb St. N.E

2a. Mailing Address

26 5401 Rampart St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #3

27 378

City & State

City & State

23 Palm Bay, FL

28 Houston TX

Zip

Zip

24 32905

Country

Country

25 USA

29 77081

Country

30 USA

3. Date Incorporated or Qualified

8-29-96

3a. Date of Last Report

N/A

4. FEI Number

59-3443275

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Sylvia B Parker
2224 Dardanelle Dr
Orlando, FL 32808

10. Name and Address of New Registered Agent

81 Name Dr Patricia McEwen
82 Street Address (P.O. Box Number is Not Acceptable) 4620 Lipscomb St N.E
83 Suite #3
84 City Palm Bay FL 85 Zip Code 32905

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 Dr. Patricia McEwen

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME Dr. Haywood Robinson
STREET ADDRESS 1319 Angelina Circle
CITY-ST-ZIP College Station, TX 77840

☐ DELETE

TITLE D
NAME Noreen Johnson
STREET ADDRESS 1319 Angelina Circle
CITY-ST-ZIP College Station, TX 77840

☐ DELETE

TITLE STD
NAME Patricia Hunter
STREET ADDRESS P.O. Box 6357, NA
CITY-ST-ZIP Virginia Beach Va 23456

☐ DELETE

TITLE D
NAME Johnny Hunter
STREET ADDRESS P.O. Box 6357, NA
CITY-ST-ZIP Virginia Beach, Va 23456

☐ DELETE

TITLE EVO
NAME Akwa Furber
STREET ADDRESS 6018 Glenloch Dr
CITY-ST-ZIP Houston, TX 77061

☐ DELETE

TITLE D
NAME Juliette Paek
STREET ADDRESS 6930 Lost Thicket
CITY-ST-ZIP Houston, TX

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: Dr. Haywood Robinson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

10/6/97

CR2E037 (9/96)