

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003440

1. Entity Name

FAMILY LIFE ENRICHMENT AND EDUCATIONAL CENTER, I

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90177 002 ****61.25

Principal Place of Business Mailing Address
 1105 N. RUTH AVE. P.O. BOX 24574
 LAKELAND FL 33805 LAKELAND FL 33802-4574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **50-35-24348** Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, WALTER JR
1105 N. RUTH AVE.
LAKELAND FL 33805

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Delete
 NAME **JENKINS, WALTER R JR**
 STREET ADDRESS **743 CEDAR KNOLL DR. N.**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** Delete
 NAME **JENKINS, DONNA S**
 STREET ADDRESS **743 CEDAR KNOLL DR. N.**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BRISBANE, SALLIE**
 STREET ADDRESS **1100 LOWRY AVE. #49**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MCNEIL, RUDOLPH**
 STREET ADDRESS **6906 POLEY CREEK DR. W.**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **3/31/00** **(863) 688-2280**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/991