2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006127

FILED Feb 17, 2009 Secretary of State

Entity Name: THE ENRICHMENT CENTERS INC. OF HERNANDO COUNTY

	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:		
	RTEZ BLVD ILL, FL 34613				
Current M	ailing Address:	New Mailing Address:	New Mailing Address:		
	RTEZ BLVD ILL, FL 34613				
El Number:	59-3554485 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status D	esired ()		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Age	ent:		
7317 BER\	K, DEBBIE W WICK WAY IILLE, FL 34603 US				
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered ag	ent, or both,		
SIGNATUR					
	Electronic Signature of Registered	Agent Date			
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS:		
Γitle: Name:	PD () Delete MORANA, NICK	Title: () Change () Addition Name:			
	4257 DRUMMOND DR SPRING HILL, FL 34608	Address: City-St-Zip:			
City-St-Zip: Fitle: Name: Address:		Address:			
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	SPRING HILL, FL 34608 VD () Delete KELLAND, ARTHUR 6410 LOST TREE LA	Address: City-St-Zip: Title: () Change () Addition Name: Address:			
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SPRING HILL, FL 34608 VD () Delete KELLAND, ARTHUR 6410 LOST TREE LA SPRING HILL, FL 34606 SD () Delete MOORE, CYNTHIA 620 GARDEN ST	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:			
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Name: Address:	SPRING HILL, FL 34608 VD () Delete KELLAND, ARTHUR 6410 LOST TREE LA SPRING HILL, FL 34606 SD () Delete MOORE, CYNTHIA 620 GARDEN ST BROOKSVILLE, FL 34601 TD () Delete CAMPBELL, JACKIE 7211 HIAWATHA PKWY	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: 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.

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SIGNATURE:	DEBBIE W DRUZBICK	D	02/17/2009