

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000154

FILED
Apr 30, 2004
Secretary of State

Entity Name: LEARNING INCREASES FUTURE ENTREPRENEURS COMMUNITY CENTER, INCORPORATED

Current Principal Place of Business:

800 NW 39 AVENUE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

800 NW 39 AVENUE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3554500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JESUS PEOPLE LIFE CHANGING CHURCH INC
800 NW 39 AVENUE
GAINESVILLE, FL 32609

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: MINGO, HORACE L
Address: 4429 NW 43 STREET L89
City-St-Zip: GAINESVILLE, FL 32606

Title: VDTs () Delete
Name: MINGO, LURETHA
Address: 4229 NW 43 STREET L89
City-St-Zip: GAINESVILLE, FL 32606

Title: TSD () Delete
Name: DANIELS, ALBERT
Address: 5333 SW 25 STREET EE179
City-St-Zip: GAINESVILLE, FL 32608

Title: TSD () Delete
Name: HAMPTON, ARLINE
Address: 1016 NW 86 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: TSD () Delete
Name: HOLMES, WANDA
Address: 11415 NW 60 TERR
City-St-Zip: ALACHUA, FL 32618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: COOPER, MICHELLE
Address: 2838 NW 41ST AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HORACE L. MINGO

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date