

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755607

Entity Name: LIFE ENRICHMENT CENTER, INC.**Current Principal Place of Business:**9704 NORTH BOULEVARD
TAMPA, FL 33612**Current Mailing Address:**9704 NORTH BOULEVARD
TAMPA, FL 33612**FEI Number:** 59-2108128**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METCALF, RONNA J
2401 BAYSHORE BLVD
#207
TAMPA, FL 33629 US*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

Officer/Director Detail :

Title T, SECRETARY
Name OCHSHORN, EZRA
Address 12501 N. 28TH ST.
City-State-Zip: TAMPA FL 33612

Title TT
Name COS, ELIZABETH
Address 16606 WINDSOR PARK AVENUE
City-State-Zip: LUTZ FL 33547

Title T
Name DOWNING, MARK
Address 702 NORTH FRANKLIN ST
City-State-Zip: TAMPA FL 33602

Title TC
Name COUCH, TJ
Address P.O. BOX 17978
City-State-Zip: TAMPA FL 33682-7978

Title T
Name CHASTAIN, ZANITA
Address 7542 TERRACE RIVER DRIVE
City-State-Zip: TAMPA FL 33637

Title T
Name BUBLEY, MARTY ESQ
Address 2820 NORTHDAL BLVD
City-State-Zip: TAMPA FL 33624

Title TRUSTEE
Name MCEVOY, CATHY
Address 13301 BRUCE B. DOWNS BLVD.
FMHI-MHC
City-State-Zip: TAMPA FL 33612

Title TRUSTEE
Name MOST, ERIC
Address 3165 BAYSHORE OAKS DR.
City-State-Zip: TAMPA FL 33609

I hereby 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 all other like empowered.

SIGNATURE: TJ COUCH

TRUSTEE CHAIRMAN

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date