

2023 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:** Yes**Name and Address of Current Registered Agent:**POWELL, STEPHEN
305 W. SOUTH AVE.
TAMPA, FL 33603 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:** STEPHEN POWELL

01/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name POWELL, STEPHEN
Address 305 W. SOUTH AVE
City-State-Zip: TAMPA FL 33603

Title TREASURER
Name MARSELLI, MICHAEL
Address 5135 30TH AVE. S.
City-State-Zip: GULFPORT FL 33707

Title SECRETARY
Name MARIOTTI, ARLEEN
Address 1518 W. PARK LANE
City-State-Zip: TAMPA FL 33603

Title OFFICER
Name KALLAHER, JAMES II
Address 216 WEST SOUTH AVE.
City-State-Zip: TAMPA FL 33603

Title OFFICER
Name KOEHLER, BARBARA
Address 10607 CARROLLBROOK LANE
City-State-Zip: TAMPA FL 33618

Title SECRETARY
Name MATHES, WILLIAM
Address 13511 GIBBONS PASS
City-State-Zip: TAMPA FL 33613

Title OFFICER
Name MCEVOY, CATHY
Address 605 VANDERBAKER RD.
City-State-Zip: TAMPA FL 33617

Title VICE CHAIR
Name KLEDZIK, MARTIN
Address 7809 N. JAMAICA ST.
City-State-Zip: TAMPA FL 33614

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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: MICHAEL D MARSELLI

TREASURER

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	BUCHANAN, CAMPBELL
Address	21301 AARON COURT
City-State-Zip:	LUTZ FL 33549