2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2024
Secretary of State
2583910205CC

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:

MARSELLI, MICHAEL
5135 30TH AVE S
GULFPORT, FL 33707 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: MICHAEL MARSELLI 03/06/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	POWELL, STEPHEN
Address	304 W SOUTH AVE
City-State-Zip:	TAMPA FL 33603

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

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

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

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

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

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

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 MARSELLI TREASURER 03/06/2024

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

Title	TRUSTEE
Name	DAVID, CHIRIBOGA
Address	8216 NATURE COVE WAY
City-State-Zip:	TAMPA FL 33647