

2020 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:**MURPHY, MAUREEN
34404 APPALOOSA TRAIL
WESLEY CHAPEL, FL 33543 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:** MAUREEN MURPHY

01/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title VP
Name MURRAH, WILLIAM
Address 17305 DRIFTWOOD LANE
City-State-Zip: LUTZ FL 33558

Title OFFICER
Name MARSELLI, MIKE
Address 2915 W. ESTRELLA ST. APT 5
City-State-Zip: TAMPA FL 33629

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

Title DIRECTOR
Name MURPHY, MAUREEN
Address 34404 APPALOOSA TRAIL
City-State-Zip: TAMPA FL 33543

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

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: MAUREEN MURPHY**EXECUTIVE DIRECTOR**

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date