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.

S

# SIGNATURE: GINGER GRACE

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** 

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.

Title	Ρ	Title	VP/T
Name	JENKINS, WALTER	Name	JENKINS, DONNA
Address	1105 NORTH RUTH AVE.	Address	1105 NORTH RUTH AVE
City-State-Zip:	LAKELAND FL 33805	City-State-Zip:	LAKELAND FL 33805
Title	S		
Name	GRACE, GINGER		
Address	1105 NORTH RUTH AVE		
City-State-Zip:	LAKELAND FL 33805		

# FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

LAKELAND, FL 33809 US

SIGNATURE:

LAKELAND. FL 33805

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FAMILY LIFE ENRICHMENT & EDUCATION CENTER INC

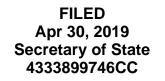
### **Current Principal Place of Business:** 1105 NORTH RUTH AVE.

DOCUMENT# N17000007995

## **Current Mailing Address:**

PO BOX 24574 LAKELAND, FL 33805

BRISBANE, SALLIE 6796 CANBURY DR



Certificate of Status Desired: No

04/30/2019

Date

Date