

2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90003 034 ****61.25

DOCUMENT # N95000000905



1. Entity Name
 FAMILY APPROACH TO CHILD ENRICHMENT, INC.

Principal Place of Business
 467 SAWTOOTH LANE
 MCDONOUGH, GA 30253

Mailing Address
 467 SAWTOOTH LANE
 MCDONOUGH, GA 30253

54071016



08132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-5236020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKWITH, FRANKLIN
 1560 N.W. 55 TERRACE
 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BETHEL, LAURA T 467 SAWTOOTH LANE MCDONOUGH, GA 30253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, RODERICK <i>Williams, Gary</i> 6877 BELLS LANDING COVE <i>463 Sawtooth Lane</i> REX, GA 30228 <i>McDonough Ga. 30253</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURROUGHS, OPHELIA 7545 MONTEGO CT RIVERDALE, GA 30276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CELESTE <i>R O Wong Sutton</i> 6877 BELLS LANDING COVE <i>4518 Shadyleaf Ln.</i> REX, GA 30228 <i>Decatur Ga 30034</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROUGH, EUGENE 4545 MONTEGO COURT RIVERDALE, GA 630274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura T Bethel 8/26/04 678-432-2912
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #