FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F68969** **(7)**

1. Corporation Name

NORTH BAY LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
2315 RUTH HENTZ DRIVE PANAMA CITY FL 32405	2315 RUTH HENTZ DRIVE PANAMA CITY FL 32405

3. Date Incorporated or Qualified: **03/01/1982**
3a. Date of Last Report: **07/07/1995**

2. Principal Place of Business
21 Suite: Same as above
22 City & State:
23 Zip: 24 County: 25

2a. Mailing Address
26 Street: Same as Above
27 City & State:
28 Zip: 29 County: 30

4. FEI Number: **59-2899476** (I have it now) ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOVETT, BARBARA M.
2315 RUTH HENTZ DRIVE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): N/A
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: N/A (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	LOVETT, BARBARA M		2 NAME	
STREET ADDRESS	3013 KINGS HARBOUR ROAD		3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	LOVETT, CHARLES S.		6 NAME	
STREET ADDRESS	3013 KINGS HARBOUR ROAD		7 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		8 CITY-ST-ZIP	
TITLE		☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and 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 annual 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 607, Florida Statutes; and that my name appears in Blocks 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: Barbara M Lovett Barbara M. Lovett 3-27-96 904-763-8607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)