

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000000897 (8)

1. Corporation Name

THE INITIATIVE FOR BETTER LEARNING, INC.



Principal Place of Business

Mailing Address

316 WEST 12TH STREET  
ROOM 211  
AUSTIN TX 78701-1840

316 WEST 12TH STREET  
ROOM 211  
AUSTIN TX 78701-1840

3. Date Incorporated or Qualified  
02/23/1994

3a. Date of Last Report  
09/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3203128

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

10. Name and Address of New Registered Agent

WILLIAMSON, THOMAS A  
C/O POOH'S CORNER  
324 PARK AVENUE NORTH  
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME WILLIAMSON, THOMAS A  
STREET ADDRESS 3400 MT. BONNELL ROAD  
CITY-ST-ZIP AUSTIN TX

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 70731

TITLE DS  DELETE  
NAME WISNESKI, WILLIAM J  
STREET ADDRESS 786 STRAWBERRY HILL ROAD  
CITY-ST-ZIP CONCORD MA 01742

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CD  DELETE  
NAME HOLTZMAN, WAYNE H  
STREET ADDRESS 3300 FOOTHILL DRIVE  
CITY-ST-ZIP AUSTIN TX 78731

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME CLARK, KENNETH E  
STREET ADDRESS 4551 GULF SHORE BLVD. #702  
CITY-ST-ZIP NAPLES FL 33040

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DT  DELETE  
NAME BAKER, DUNCAN A  
STREET ADDRESS 610 GARRATY  
CITY-ST-ZIP SAN ANTONIO TX 78209

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME VESCUSO, MICHAEL A  
STREET ADDRESS 9705 EAST MOUNTAIN VIEW RD., #1190  
CITY-ST-ZIP SCOTTSDALE AZ 85258

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076125

Thomas A. Williamson, Secretary of State 1-8-97 512-708-9369

CR2E037 (9/96)