


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000897 (8)**  
1. Corporation Name  
**THE INITIATIVE FOR BETTER LEARNING, INC.**



Principal Place of Business <b>316 WEST 12TH STREET ROOM 211 AUSTIN TX 78701-1840</b>	Mailing Address <b>316 WEST 12TH STREET ROOM 211 AUSTIN TX 78701-1840</b>
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3. Date Incorporated or Qualified <b>02/23/1994</b>		
4. FEI Number <b>59-3203128</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**WILLIAMSON, THOMAS A  
C/O POOH'S CORNER  
324 PARK AVENUE NORTH  
WINTER PARK FL 32789**

**10. Name and Address of New Registered Agent**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, THOMAS A	
STREET ADDRESS	3400 MT. BONNELL ROAD	
CITY-ST-ZIP	AUSTIN TX	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WISNESKI, WILLIAM J	
STREET ADDRESS	786 STRAWBERRY HILL ROAD	
CITY-ST-ZIP	CONCORD MA 01742	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOLTZMAN, WAYNE H	
STREET ADDRESS	3300 FOOTHILL DRIVE	
CITY-ST-ZIP	AUSTIN TX 78731	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, KENNETH E	
STREET ADDRESS	4551 GULF SHORE BLVD. #702	
CITY-ST-ZIP	NAPLES FL 33040	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BAKER, DUNCAN A	
STREET ADDRESS	610 GARRATY	
CITY-ST-ZIP	SAN ANTONIO TX 78209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VESCUSO, MICHAEL A	
STREET ADDRESS	9705 EAST MOUNTAIN VIEW RD., #1190	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>AUSTIN, TX 78731</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D GLEDICH, NORA F.</b>
4.3 STREET ADDRESS	<b>1003 FAIRBURNSTONE CIRCLE</b>
4.4 CITY-ST-ZIP	<b>00086, FL 34761</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 with an address.

SIGNATURE: Thomas Williamson 1.5.98 512-700-9369

CR2E037 (10/97)