

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

DOCUMENT # N01000000953

05-14-2002 90526 001 *****8.75
05-14-2002 90526 002 *****61.25

1. Entity Name

Choices In Learning, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 North Street

Suite, Apt. #, etc.

3. Mailing Address

900 North Street

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

4. FEI Number

59-3728385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

~~Ralph Leemis~~

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

889 Lake Marion Drive

City


Altamonte Springs

FL

Zip Code
32701

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.

SIGNATURE


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

Ralph B. Leemis

4/26/02

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

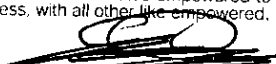
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph Leemis, Chairperson 889 Lake Marion Drive Altamonte Springs, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Rose-Roulhac, V-Chair 300 Torpoint Circle Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen C. Krug, Secretary 292 Fallen Palm Drive Casselberry, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Liles, Director 514 Barclay Avenue Altamonte Springs, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aaron Dowling, Director 305 Balogh Place Longwood, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph B. Leemis, Chair

4/26/02

Date

Daytime Phone #

CR2E037B (12/01)