


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90229 029 ****61.25

DOCUMENT # N03000002982 1. Entity Name CHRISTIAN LEARNING CENTER, INC.	
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Principal Place of Business 1701 HINCKLEY ROAD ORLANDO, FL 32818	Mailing Address P.O. BOX 681277 ORLANDO, FL 32868
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 16-1661862	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, INGRID 4721 WATCH HILL CT. ORLANDO, FL 32808

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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 _____
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Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, LLOYD 1701 HINCKLEY RD. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, MAXINE 1701 HINCKLEY RD. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, INGRID 472 WATCH HILL CT. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WALKER, THEODORE 1838 WHITNEY WAY, APT 100 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WALCUT, CARLTON 1843 ASTROLYN ST WINTER GORDON, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Maxine Barnes **MAXINE BARNES** 4/25/07 407 532-0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #