2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# N11000000192

Entity Name: TRUE VISION LEARNING CENTER, INC.

Current Principal Place of Business:

1704 MERCY DR
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 585798
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 30-0503953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLENN, CAROLYN H
5711 GRAND CANYON DR
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: GLENN, CAROLYN H
Address: 5711 GRAND CANYON DR
City-St-Zip: ORLANDO, FL 32810

Title: VP
Name: GLENN, WILLIAM H
Address: 5711 GRAND CANYON DR
City-St-Zip: ORLANDO, FL 32810

Title: D
Name: PETTIGRE, JOYCE
Address: 5209 VAN AKEN DR
City-St-Zip: ORLANDO, FL 32808

Title: S
Name: SANDERS, HELEN H
Address: 5400 CAURUS CT
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: BRYAN, LEE
Address: 620 S OHIO
City-St-Zip: ORLANDO, FL 32805

Title: D
Name: TONEY, BOBBIE H
Address: 5218 CONA REEF COURT
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOBBIE H. TONEY D 04/23/2012

Electronic Signature of Signing Officer or Director — Date