


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N34958

1. Entity Name
 BELLEVIEW PLAYLAND LEARNING CENTER, INC.



Principal Place of Business
 % MARY A. HERBERT
 7300 SE COUNTY HWY C-25
 BELLEVIEEW, FL 32620

Mailing Address
 % MARY A. HERBERT
 7300 SE COUNTY HWY C-25
 BELLEVIEEW, FL 32620



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2972953

5. Certificate of Status Desired Applied For
 Not Applicable

\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

HERBERT, MARY A.
 7300 SE COUNTY HWY.
 C-25
 BELLEVIEW, FL 32620

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT, ROBERT E., JR. 1865 SW 40TH PL OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT, MARY A. 1865 SW 40TH PL OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, JANICE 3320 NE 45 ST OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/14/04-80005-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other like empowered.

SIGNATURE: Mary A. Herbert MARY A. HERBERT 1/12/04 (352)245-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #