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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37077 **(7)**

1. Corporation Name
THREE - H LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
18106 PARRISH GROVE ROAD DADE CITY FL 33525	18106 PARRISH GROVE ROAD DADE CITY FL 33525

3. Date Incorporated or Qualified: 03/09/1990

4. FEI Number: 65-0193322 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 36424 FLORRIE MAE LANE	26 P.O.BOX 391
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DADE CITY, FLORIDA	28 City & State: SAN ANTONIO, FLORIDA
24 Zip: 33523 25 Country: USA.	29 Zip: 33576 30 Country: USA.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLOM, BARTOLOME
18106 PARISH GROVE ROAD
DADE CITY FL 33525

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ARROYO, DANIEL 1050 BOB WHITE TRAIL CHULUOTA FL 32766	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P BARTOLOME COLOM, 36424 FLORRIE MAE LANE DADE CITY, FLORIDA. 33523.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WEIDMAN, STANLEY 952 DANS PLACE LAKE WORTH FL 33463	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/V RAFAEL ROBLES, 11387 LONG HILL CT. SPRING HILL, FLORIDA. 34608.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCRIBNER, JOHN 7738 FRONTIER DRIVE YALAHA FL 34797	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/T AIDA WHITE, 317 WHITAKER ROAD, LUTZ, FLORIDA. 33549.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COLOM, BARTOLOME 18106 PARRISH GROVE ROAD DADE CITY FL 33525	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D LOURDES ESPARZA, 36432 FLORRIE MAE LANE, DADE CITY, FLORIDA. 33523.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARLER, SCOTT 1124-B HERNANDO ST. FT. PIERCE FL 34949	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D MARIA CAMARGO, P. O. BOX 3113 N/A PLANT CITY, FLORIDA. 33504.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, CARLOS 9102 S.W. 179 STREET MIAMI FL 33157	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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

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

CR2E037 (10/9

1.1 TITLE	D/T	☐	☒ Addition
1.2 NAME	ROSA COLOM		
1.3 STREET ADDRESS	18106 PARRISH GROVE ROAD,		
1.4 CITY-ST-ZIP	DADE CITY, FLORIDA. 33523.		
2.1 TITLE	D	☐	☒ Addition
2.2 NAME	NORMA SAWYER,		
2.3 STREET ADDRESS	2413 STAPLES AVENUE,		
2.4 CITY-ST-ZIP	KEY WEST, FLORIDA. 33040.		
3.1 TITLE	D	☐	☒ Addition
3.2 NAME	REMEDIO CARDENAS,		
3.3 STREET ADDRESS	3589 N. W. 4th STREET,		
3.4 CITY-ST-ZIP	Okeechobee, Florida. 34972.		
4.1 TITLE	D	☐	☒ Addition
4.2 NAME	JORGE ESPARZA,		
4.3 STREET ADDRESS	P. O. BOX 391 N/A		
4.4 CITY-ST-ZIP	SAN ANTONIO, FLORIDA. 33576.		
5.1 TITLE	D	☐	☒ Addition
5.2 NAME	BOB GRIMSLEY,		
5.3 STREET ADDRESS	13123 - 108 AVENUE NORTH,		
5.4 CITY-ST-ZIP	LARGO, FLORIDA. 33774		
6.1 TITLE		☐	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			