

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N97000003216		
1. Entity Name COMPUTERAGE LEARNING CENTER, INC.		
Principal Place of Business 14625 SMITH SUNDY RD. HORSES& HEROES OF S. FLORIDA DELRAY BEACH, FL 33484 US	Mailing Address 3770 C VILLAGE DRIVE DELRAY BEACH, FL 33445 US	
DO NOT WRITE IN THIS SPACE		



03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1548627	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOLAN, MINDY 3770 C VILLAGE DRIVE DELRAY BEACH, FL 33445

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PD NOLAN, MINDY 3770-C VILLAGE DR DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOLAN, RON 3770-C VILLAGE DR DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURWITZ, SANDY 6481 NW 30TH AVENUE BOCA RATON, FL 33496
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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04/29/05-80007-003 61.25

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #