

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014322

FILED
Apr 15, 2012
Secretary of State

Entity Name: FRANKLYN LEARNING CENTER, INC.

Current Principal Place of Business:

4387 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4387 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-0674881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINT, JOSIAH P JR.
535 STATE RD 100
PALATKA, FL 32177 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: PD
Name: FLINT, JOSIAH P JR.
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

Title: VD
Name: JACOB, MATTHEW W
Address: 4387 RIPKEN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD
Name: JACOB, CAROLYN M
Address: 4387 RIPKEN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD
Name: FLINT, BONNIE P
Address: 535 STATE ROAD 100
City-St-Zip: PALATKA, FL 32177

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN M JACOB

TD

04/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date