

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 18 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11201
1. Corporation Name
Nobel Learning Communities, Inc.
Rose Tree Corporate Center II
1400 N. Providence Rd., Suite 3055

Media, PA 19063 Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		3/30/83		22-2465204		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		58.75		Additional Fee Required	
22		27		X					
City & State		City & State		6. Election Campaign Financing		5.00		May Be Added to Fees	
23		28		Trust Fund Contribution					
24		29		8. This corporation owes the current year Intangible Personal Property Tax.				Yes No	
25		30							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Chairman and CEO	<input type="checkbox"/> DELETE	11 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	A.J. Clegg		12 NAME	Robert Zobel			
STREET ADDRESS	1400 N. Providence Rd, Suite 3055		13 STREET ADDRESS	5300 N. Powerline Rd,			
CITY-ST-ZIP	Media, PA 19063		14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309			
TITLE	Executive VP	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	John R. Frock		22 NAME				
STREET ADDRESS	1400 N. Providence Rd. Ste 3055		23 STREET ADDRESS	100002970031--6			
CITY-ST-ZIP	Media, PA 19063		24 CITY-ST-ZIP	--08/25/99--01081--001			
TITLE	Vice President/CFO	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	William E. Bailey		32 NAME				
STREET ADDRESS	1400 N. Providence Rd. Ste 3055		33 STREET ADDRESS				
CITY-ST-ZIP	Media, PA 19063		34 CITY-ST-ZIP				
TITLE	VP Finance & Admin.	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Yvonne DeAngelo		42 NAME				
STREET ADDRESS	1400 N. Providence Rd. Ste 3055		43 STREET ADDRESS				
CITY-ST-ZIP	Media, PA 19063		44 CITY-ST-ZIP				
TITLE	Director	<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Edward Chambers		52 NAME				
STREET ADDRESS	WAWA, Inc. Baltimore Pike/Red 1001		53 STREET ADDRESS				
CITY-ST-ZIP	Media, PA 19063		54 CITY-ST-ZIP				
TITLE	Director	<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Peter Havens		62 NAME				
STREET ADDRESS	Four Falls Corp. Ctr. Ste 202		63 STREET ADDRESS				
CITY-ST-ZIP	W. Conshohocken, PA 19428		64 CITY-ST-ZIP				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne De Angelo 8-16-99 610-891-8200
DATE: _____ DAYTIME PHONE: _____

CR2E034 (11/98)