FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **723853** **(8)**

1. Corporation Name

CREATIVE LEARNING CENTER OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
3151 HYDE PARK ROAD ~~% ANNA M. DICKUPLI~~ PENSACOLA FL 32503	3151 HYDE PARK ROAD ~~% ANNA M. DICKUPLI~~ PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1972	3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1433971	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GALLOWAY, MARY
2495 SEMORAN DRIVE
PENSACOLA FL 32503

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	CARR, JOHN	12 NAME	Westmoreland, Lofton	
STREET ADDRESS	1810 E LARUA STR	13 STREET ADDRESS	2014 Escambia Ave.	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	DV	21 TITLE	DV	☑ Change ☐ Addition
NAME	WESTMORELAND, LOFTON	22 NAME	Sharon Kerrigan	
STREET ADDRESS	2014 ESCAMBIA AVE	23 STREET ADDRESS	4310 d'Evereux Dr.	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	GALLOWAY, MARY	32 NAME		
STREET ADDRESS	2495 SEMORAN DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T	☑ Change ☐ Addition
NAME	JORDAN, DONNA	42 NAME	Dom Blackmon	
STREET ADDRESS	44 HIGHPOINT DRIVE	43 STREET ADDRESS	3196 Hyde Park Place	
CITY-ST-ZIP	GULF BREEZE FL	44 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald Blackmon Donald Blackmon 5/1/95 (904) 432-1768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076441