

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723853 (8)
1. Corporation Name
CREATIVE LEARNING CENTER OF PENSACOLA, INC.



Principal Place of Business
**3151 HYDE PARK ROAD
% ANNA M. DICAMPLI
PENSACOLA FL 32503**

Mailing Address
**3151 HYDE PARK ROAD
% ANNA M. DICAMPLI
PENSACOLA FL 32503**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1972		3a. Date of Last Report 05/01/1995	
21 40 Nan Taylor		26 40 Nan Taylor		4. FEI Number 59-1433971		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc. 3151 Hyde Park Rd		27 Suite, Apt. #, etc. 3151 Hyde Park Rd.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Pensacola, FL		28 City & State Pensacola, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32503		25 Country USA		29 Zip 32503		30 Country USA	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GALLOWAY, MARY 2495 SEMORAN DRIVE PENSACOLA FL 32503				81 Name Nan Taylor			
				82 Street Address (P.O. Box Number is Not Acceptable) Creative Learning Center			
				83 3151 Hyde Park Rd			
				84 City Pensacola			
				85 Zip Code FL 32503			

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 *Nan Taylor* **Nan Taylor** **Business Manager** **11/18/96**
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	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	DP	WESTMORELAND, LOFTON	2014 ESCAMBIA AVE PENSACOLA FL	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	DV	KERRIGAN, SHARON	4310 D'EVEREUX DR PENSACOLA FL	<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
	DS	GALLOWAY, MARY	2495 SEMORAN DRIVE PENSACOLA FL	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	T	BLAKCMON, DON	3196 HYDE PARK PLACE PENSACOLA FL	<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
				<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
				<input type="checkbox"/> DELETE			

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)(k), 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: *Sharon Kerrigan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)