


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723853** (8)
1. Corporation Name
CREATIVE LEARNING CENTER OF PENSACOLA, INC.



Principal Place of Business C/O NAN TAYLOR 3151 HYDE PARK RD. PENSACOLA FL 32503	Mailing Address C/O NAN TAYLOR 3151 HYDE PARK RD. PENSACOLA FL 32503
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3. Date Incorporated or Qualified 07/12/1972
4. FEI Number 59-1433971
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAYLOR, NAN CREATIVE LEARNING CENTER 3151 HYDE PARK RD PENSACOLA FL 32503	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BLACKMAN, DON
STREET ADDRESS	3198 HYDE PARK PLACE
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SKIPPER, LYNN
STREET ADDRESS	7725 MISTY PINES LANE
CITY-ST-ZIP	PENSACOLA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PERKINS, HANK
STREET ADDRESS	4180 MONTALRO DRIVE
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	SD <input type="checkbox"/> DELETE
NAME	DOENLEN, LIZ
STREET ADDRESS	6531 CHARDONNAY
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Skipper, Lynn
1.3 STREET ADDRESS	7725 Misty Pines Ln
1.4 CITY-ST-ZIP	Pensacola, FL 32526
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pam Bilbrey, Pam
2.3 STREET ADDRESS	3327 Berkshire Crt.
2.4 CITY-ST-ZIP	Pensacola, FL 32504
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fleischhauer, Becky
3.3 STREET ADDRESS	4785 Velasquez Drive
3.4 CITY-ST-ZIP	Pensacola, FL 32504
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Parker, Sandra
4.3 STREET ADDRESS	301 Woodbine Drive
4.4 CITY-ST-ZIP	Pensacola, FL 32503
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 4/7/98 (850) 432-1768

CR2E037 (10/97)