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Secretary of State

06-10-1999 90019 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005649					
1. Corporation Name FOUNDATION FOR TRUE LEARNING, INC.					
Principal Place of Business 7410A GUNN HWY APT A TAMPA FL 33625 US			Mailing Address POB 273997 TAMPA FL 33688 US		



2. Principal Place of Business 21 17803-D JAMESTOWN WAY Suite, Apt. #, etc. APT. D City & State LUTZ, FL Zip 33549 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 11/16/1994	
4. FEI Number 59-3283643		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		7. Trust Fund Contribution			

9. Name and Address of Current Registered Agent SALAS, DAVID 7410-A BUNN HWY TAMPA FL 33625		10. Name and Address of New Registered Agent 81 Name DAVID SALAS 82 Street Address (P.O. Box Number is Not Acceptable) 17803-D JAMESTOWN WAY 83 84 City LUTZ FL 85 Zip Code 33549	
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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 *DAVID SALAS* DATE 6/5/99
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 D NAME HOPE, JANE STREET ADDRESS 8649 N HINES AVE CITY-ST-ZIP TAMPA FL	☒ DELETE	1.1 TITLE 1.2 NAME ANN MARIE LUTZ 1.3 STREET ADDRESS 2027 RED RIVER ROAD 1.4 CITY-ST-ZIP SYLVESVILLE, MO 21784	☐ Change ☒ Addition
TITLE D NAME JOY, DAVID STREET ADDRESS 8649 N HINES AVE CITY-ST-ZIP TAMPA FL	☒ DELETE	2.1 TITLE 2.2 NAME DAVID SALAS 2.3 STREET ADDRESS 333 S. HORN ST. 2.4 CITY-ST-ZIP BEVERLY HILLS, FL 33446	☐ Change ☒ Addition
TITLE D NAME SALAS, DAVID STREET ADDRESS 8614 N HINES AVE CITY-ST-ZIP TAMPA FL	☐ DELETE	3.1 TITLE 3.2 NAME DAVID SALAS 3.3 STREET ADDRESS 17803-D JAMESTOWN WAY 3.4 CITY-ST-ZIP LUTZ, FL 33549	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID SALAS* SIGNATURE REQUIRED DATE 6/5/99 DAYTIME PHONE 813-961-6667

CR2E037 (11/98)