

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723853

FILED
Jan 06, 2005
Secretary of State

Entity Name: CREATIVE LEARNING ACADEMY OF PENSACOLA, INC.

Current Principal Place of Business:

C/O DANA PEETERSE
3151 HYDE PARK RD.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

C/O DANA PEETERSE
3151 HYDE PARK RD.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-1433971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEETERSE, DANA D
3151 HYDE PARK RD
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEARNS, DEBBIE
Address: 3260 HYDE PARK ROAD
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: BRANCO, JENNIFER
Address: 95 CHANTECLAIRE CIR
City-St-Zip: GULF BREEZE, FL 32561

Title: TD () Delete
Name: PAEDAE, DENNIS
Address: 4940 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32561

Title: VD () Delete
Name: MARX, MORRIS
Address: 2620 DUNSINANE ROAD
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE STEARNS

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date