2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002641

FILED Apr 20, 2005 Secretary of State

Entity Name: THE COMMUNITY LEARNING CENTER, INC.

	Principal Place	of Business:	New Principal Place of Business:
	ORT HARRISON ATER, FL 3375		
Current N	Mailing Address	; :	New Mailing Address:
	ORT HARRISON ATER, FL 3375		
FEI Numbei	r: 59-3521809	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Co	urrent Registered Agent:	Name and Address of New Registered Agent:
HAGGERTY, HOLLY 1703 HARBOR DR CLEARWATER, FL 33755 US			HAGGERTY, HOLLY 406 N. LINCOLN AVE CLEARWATER, FL 33755 US
	e named entity si te of Florida.	ubmits this statement for the	e purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:		04/20/2005
	Electroni	c Signature of Registered A	gent Date
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	KUGLER, BEN 1611 N FT HARF		Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	D () COURNOYER, L 1611 N FT HARF CLEARWATER,	RISON AVE	Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip:			• •
Title: Name: Address:	HAGGERTY, HO 406 N. LINCOLN	AVE.	Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HAGGERTY, HO 406 N. LINCOLN CLEARWATER,	LLY I AVE. FL 33755 Delete IY RISON AVE	Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	HAGGERTY, HO 406 N. LINCOLN CLEARWATER, D () I JARRETT, JERR 1611 N FT HARE CLEARWATER,	LLY I AVE. FL 33755 Delete RY RISON AVE FL 33755 Delete	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: HOLLY HAGGERTY P 04/20/2005