

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002641

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE COMMUNITY LEARNING CENTER, INC.

Current Principal Place of Business:

1611 N FORT HARRISON
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1611 N FORT HARRISON
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-3521809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLESTAD, SHARON
406 1/2 NORTH LINCOLN AVE
CLEARWATER, FL 33755 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: PCOB () Delete
Name: KUGLER, BEN
Address: 1611 N FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: COURNOYER, LOUISE
Address: 1611 N FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: P () Delete
Name: HAGGERTY, HOLLY
Address: 406 N. LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: JARRETT, JERRY
Address: 1611 N FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: M () Delete
Name: HILLESTAD, SHARON
Address: 406 1/2 NORTH LINCOLN AVE
City-St-Zip: CLEARWATER, FL 33755

Title: ST () Delete
Name: HAGGERTY, BRENDAN
Address: 406 N. LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33755

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:

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 Chapter 119, 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: SHARON HILLESTAD

CEO

04/20/2007

Electronic Signature of Signing Officer or Director

Date