2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002641

FILED Apr 23, 2009 Secretary of State

Entity Name: THE COMMUNITY LEARNING CENTER, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	ORT HARRISON ATER, FL 3375				
Current Mailing Address:			New Mailir	New Mailing Address:	
611 N EC	ORT HARRISON	ı			
	ATER, FL 3375				
El Number	: 59-3521809	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
106 1/2 NO	ND, SHARON ORTH LINCOLN ATER, FL 3375				
	e named entity s e of Florida.	ubmits this statement for th	e purpose of changing it	ts registered office or registered agent, or both	
SIGNATU	RE:				
	Electroni	c Signature of Registered A	- \gent	Date	
DFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: lame: .ddress: :ity-St-Zip:	PCOB () POLLACK, RON 1611 N FT HARF CLEARWATER,	RISON AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: .ddress: city-St-Zip:	D () KUGLER, BEN 1611 N FT HARF CLEARWATER,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
itle: lame:	HAGGERTY, HO 406 N. LINCOLN		Title: Name: Address: City-St-Zip:	()Change ()Addition	
ddress:	OLL WOOM LIN,			D (X) Change () Addition	
iddress: city-St-Zip: itle: lame: ddress: city-St-Zip:		RISON AVE	Title: Name: Address: City-St-Zip:	GENDUSA, JOY 404 S. MARTIN LUTHER KING AVE CLEARWATER, FL 33756	
ddress: ity-St-Zip: itle: ame: ddress:	D () JARRETT, JERE 1611 N FT HARF CLEARWATER,	E RISON AVE FL 33755 Delete NICA RISON	Name: Address:	404 S. MARTIN LUTHER KING AVE	

I hereby certify that the information supplied with this filing does not qualify 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 DIR 04/23/2009

M002/003

06/05/2009 FRI 16:03 FAX

Attachment to Filing for the Cat Network, Inc. Document #N95000002641

N95000000004/

List of Additional Directors and Officers

Director:

Mallory, Gina 645 Minorca Avenue Coral Gables, Florida 33130

Director:

Mayes, Nancy 8821 SW 198th Street Miami, Florida 33157

Director/Assistant Treasurer:

Stamps, Jim 2910 SW 1st Street Miami, Florida 33135-1323

Director/Vice President:

Jackson, Sue 7885 SW 132 Street Miami, Florida 33156

Director:

Gonzalez, Maria 6461 SW 20 Street Miami, Florida 33125

Director:

Eriksson, Agneta 9135 SW 125 Avenue, #P 105 Miami, Florida 33186

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