

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002982

**Entity Name:** CHRISTIAN LEARNING CENTER, INC.

**Current Principal Place of Business:**

2107 LONGFELLOW CT.  
ORLANDO, FL 32818

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC9513152055**

**Current Mailing Address:**

2107 LONGFELLOW CT.  
ORLANDO, FL 32818 US

**FEI Number: 16-1661862**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BARNES, TABEL O  
2107 LONGFELLOW CT.  
ORLANDO, FL 32818 US

*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

**Officer/Director Detail :**

Title D  
Name BARNES, LLOYD O  
Address 2107 LONGFELLOW CT.  
City-State-Zip: ORLANDO FL 32818

Title D  
Name BARNES, MAXINE  
Address 2107 LONGFELLOW CT.  
City-State-Zip: ORLANDO FL 32818

Title O  
Name STEWART, INGRID  
Address 472 WATCH HILL CT.  
City-State-Zip: ORLANDO FL 32808

Title O  
Name BARNES, OTHNIEL L  
Address 2107 LONGFELLOW CT.  
City-State-Zip: ORLANDO FL 32818

*I hereby 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 all other like empowered.*

**SIGNATURE: MAXINE BARNES**

**DIRECTOR**

**04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date