

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06921

**FILED  
Mar 07, 2018  
Secretary of State  
CC6721880910**

**Entity Name:** CENTER FOR FAMILY LEARNING, INC.

**Current Principal Place of Business:**

2820 ARBOR PLACE  
KNOXVILLE, TN 37917

**Current Mailing Address:**

2820 ARBOR PLACE  
KNOXVILLE, TN 37917

**FEI Number:** 20-5673331

**Certificate of Status Desired:** No

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

FRANCIS, KAY  
2820 ARBOR PLACE  
KNOXVILLE, FL 37917 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 DP  
Name FRANCIS, KAY  
Address 2820 ARBOR PLACE  
City-State-Zip: KNOXVILLE TN 37917

Title D  
Name ORTEGA, RENNIE  
Address 8965 S.W. 52ND PLACE  
City-State-Zip: COOPER CITY FL 33328

Title D  
Name FORMON, RONNA  
Address 2820 ARBOR PLACE  
City-State-Zip: KNOXVILLE TN 37917

*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:** KAY FRANCIS

**PRESIDENT**

**03/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date