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

Electronic Signature of Signing Officer/Director Detail

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

Title	DP	Title	D
Name	FRANCIS, KAY	Name	ORTEGA, RENNIE
Address	2820 ARBOR PLACE	Address	8965 S.W. 52ND PLACE
City-State-Zip:	KNOXVILLE TN 37917	City-State-Zip:	COOPER CITY FL 33328
Title	D		
Name	FORMON, RONNA		
Address	2820 ARBOR PLACE		

City-State-Zip: KNOXVILLE TN 37917

KNOXVILLE, TN 37917

Current Principal Place of Business: 2820 ARBOR PLACE

DOCUMENT# N06921

Current Mailing Address:

2820 ARBOR PLACE KNOXVILLE. TN 37917

FEI Number: 20-5673331

Name and Address of Current Registered Agent:

Entity Name: CENTER FOR FAMILY LEARNING, INC.

FRANCIS, KAY 2820 ARBOR PLACE KNOXVILLE, FL 37917 US

Officer/Director Detail ·

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2019 Secretary of State 5648980792CC

Certificate of Status Desired: No

Date

Date

03/03/2019

PRESIDENT