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

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06921

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

Name and Address of Current Registered Agent:

FRANCIS, KAY 2820 ARBOR PLACE KNOXVILLE, FL 37917 US

Date

Certificate of Status Desired: No

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		
Officer/Director Detail :			
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		

DIRECTOR

Date