

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06921

**FILED  
Mar 15, 2014  
Secretary of State  
CC1404019774**

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

**Current Principal Place of Business:**

2699 STIRLING ROAD  
SUITE A-105  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

2820 ARBOR PLACE  
KNOXVILLE, TN 37917

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

FRANCIS, KAY  
2699 STIRLING RD  
SUITE A-105  
FORT LAUDERDALE, FL 33312 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 2699 STIRLING RD  
City-State-Zip: FORT LAUDERDALE FL 33312

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

Title D  
Name FORMON, RONNA  
Address 2699 STIRLING RD  
City-State-Zip: FORT LAUDERDALE FL 33312

*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**

**DIRECTORY/PRESIDENT 03/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date