

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004375

Entity Name: BARNHART LEARNING CENTER, INC.

Current Principal Place of Business:

506 SOUTH MARVIN ST
MONTICELLO, FL 32344

Current Mailing Address:

P.O. BOX 478
MONTICELLO, FL 32345

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, JOHN R SR.
495 MELROSE DR.
MONTICELLO, FL 32344 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 P
Name HILL, NED JR.
Address 5253 MADDOX RD.
City-State-Zip: TALLAHASSEE FL 32303

Title S
Name WATSON, KENT
Address 1435 GEORIGA STATE LINE
City-State-Zip: MONTICELLO FL 32344

Title D
Name POLEE, MUREL III
Address P.O.BOX 172
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name RANSOM, BEN JR.
Address 857 PINNEY WOODS RD.
City-State-Zip: MONTICELLO FL 32344

Title T
Name GRIFFIN, LONNIE E
Address 5232 DILLS RD.
City-State-Zip: MONTICELLO FL 32344

Title TRUSTEE
Name ROBERSON, ULYSSEES
Address 446 NW TARROT TRAIL
City-State-Zip: GREENVILLE FL 32331

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: NED HILL, JR.

COMMANDER

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date