

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004375

Entity Name: BARNHART LEARNING CENTER, INC.**Current Principal Place of Business:**470-B MARVIN STREET
MONTICELLO, FL 32344**Current Mailing Address:**P.O. BOX 478
MONTICELLO, FL 32345**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**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	HUDSON, BENJAMIN H
Address	355 SEABROOKS RD.
City-State-Zip:	MONTICELLO FL 32344

Title	D
Name	MADISON, SAMUEL
Address	351 RIDGE RD.
City-State-Zip:	MONTICELLO FL 32344

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	D
Name	GALLON, NATHANIEL
Address	865 N. WAUKEENAH ST.
City-State-Zip:	MONTICELLO FL 32344

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.**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date