

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002641

Entity Name: THE COMMUNITY LEARNING CENTER, INC.**Current Principal Place of Business:**1611 N FORT HARRISON AVE
CLEARWATER, FL 33755**Current Mailing Address:**1611 N FORT HARRISON AVE
CLEARWATER, FL 33755 US**FEI Number:** 59-3521809**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HILLESTAD, SHARON
406 1/2 NORTH LINCOLN AVE
CLEARWATER, FL 33755 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 SECRETARY
Name CAPUTO, CHERYL
Address 541 JASMINE WAY
City-State-Zip: CLEARWATER FL 33756

Title CEO, BM
Name HAGGERTY, HOLLY
Address 406 N. LINCOLN AVE.
City-State-Zip: CLEARWATER FL 33755

Title BM
Name GENDUSA, JOY
Address 404 S. MARTIN LUTHER KING AVE
City-State-Zip: CLEARWATER FL 33756

Title TREASURER
Name CHAVANNE, CATHERINE
Address 1560 MAPLE ST
City-State-Zip: CLEARWATER FL 33755

Title CHAIRMAN
Name HAGGERTY, BRENDAN
Address 406 N. LINCOLN AVE.
City-State-Zip: CLEARWATER FL 33755

Title BM
Name CLOUDEN, PAT
Address 11596 94TH ST N
City-State-Zip: LARGO FL 33773

Title BM
Name SWITZER, ERICA
Address 517 SKYVIEW AVE
City-State-Zip: CLEARWATER FL 33765

Title BM
Name SLEDGE, LAWRENCE D
Address 1009 PALM TERRACE DR
City-State-Zip: CLEARWATER FL 33755

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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: HOLLY HAGGERTYCEO, COMMUNITY
LEARNING CENTER

04/19/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------|
| Title | BM |
| Name | MOORE, ANGIE |
| Address | 100 PIERCE ST UNIT 404 |
| City-State-Zip: | CLEARWATER FL 33756 |