


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 715547 1. Entity Name EDUCATIONAL LEARNING DEVELOPMENT CENTERS, INC.	
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Principal Place of Business 515 N. FLAGLER DRIVE, 19TH FLOOR ATTN: BRIAN O'CONNELL WEST PALM BEACH FL 33402-1626	Mailing Address 515 N. FLAGLER DRIVE, 19TH FLOOR ATTN: BRIAN O'CONNELL WEST PALM BEACH FL 33402-1626
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 23-7034002	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES INC. 526 E. PARK AVE. SUITE 100 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD DAVIS, VIRGINIA F. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	60 LOUGHLIN AVE	NAME	U00000051077 02/16/04-80038-003 61.25
CITY-ST-ZIP	COS COB, CONN 06807	STREET ADDRESS	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNKE, LUCILE	NAME	
STREET ADDRESS	62 LOUGHLIN AVE	STREET ADDRESS	
CITY-ST-ZIP	COS COB, CONN 06 807	CITY-ST-ZIP	
TITLE	PM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GERALD N.	NAME	
STREET ADDRESS	60 LOUGHLIN AVE	STREET ADDRESS	
CITY-ST-ZIP	COS COB, CONN 06807	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, DUNCAN	NAME	
STREET ADDRESS	83 VILLAGE HILL RD	STREET ADDRESS	
CITY-ST-ZIP	BELMONT MASS. 02178	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	 VIRGINIA F. DAVIS	2/9/04 <small>Date</small>	203-869-3858 <small>Daytime Phone #</small>
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