# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# 723853

**Entity Name:** CREATIVE LEARNING ACADEMY OF PENSACOLA, INC.

**Current Principal Place of Business:**

C/O SHELLEY RIVIELLO
3151 HYDE PARK RD.
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SHELLEY RIVIELLO
3151 HYDE PARK RD.
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number: 59-1433971** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RIVIELLO, SHELLEY
3151 HYDE PARK RD
PENSACOLA, FL 32503 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: RIPPS, BARRY
Address: 4535 BOHEMIA PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: S ( ) Delete
Name: WAKEFIELD, CINDY
Address: 6350 ARD ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: VD ( ) Delete
Name: PAEDAE, DENNIS
Address: 4330 D'EVEREUX DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: TD ( ) Delete
Name: FLEISCHHAUER, BECKY
Address: 4220 MONTALVO DRIVE
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: BEAR, DAVID
Address: 6120 ENTERPRISE DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: ROTHFEDER, SARAH
Address: 370 JAMES RIVER RD
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID BEAR PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date