

FILE NOW: FILING FEE IS \$61.25.

FILED  
Jul 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # 737014  
1. Corporation Name **Freedom Learning Center Inc**  
**1933 NE 163 ST.**  
**NORTH MIAMI BEACH FL 33162**

Principal Place of Business Mailing Address **SAME**  
**1933 N.E. 163 STREET**  
**NORTH MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified <b>10/02/1976</b>	3a. Date of Last Report
4. FEI Number <b>59-1753790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**Louis Pace**  
**11575 N. Quayside**  
**Cooper City FL 33024**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>ANN PACE</b>
STREET ADDRESS	<b>16546 NE 26 AVE #5H</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>
TITLE	<b>PRESIDENT/DIR.</b> <input type="checkbox"/> DELETE
NAME	<b>JOANN RUTHERFORD</b>
STREET ADDRESS	<b>3615 NE 167 ST. #204</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>
TITLE	<b>DIR/VICE PRES</b> <input type="checkbox"/> DELETE
NAME	<b>JOANN CARUSO</b>
STREET ADDRESS	<b>942 NE 199 ST. #205</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>
TITLE	<b>DIR/TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>MILA ZWERNER</b>
STREET ADDRESS	<b>20341 NE 30 AVE</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE
NAME	<b>JOANN CARUSO</b>
STREET ADDRESS	<b>942 NE 199 ST. #205</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joann Rutherford, Pres.** 6/30/97 (305)947-5507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)