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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737014** (1)

1. Corporation Name

FREEDOM LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
1933 N.E. 163 STREET NORTH MIAMI BCH FL 33162 US	1933 N.E. 163 STREET NORTH MIAMI BCH FL 33162 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/08/1976

4. FEI Number

59-1753790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**PAGE, LOUIS
11575 N. QUAYSIDE
COOPER CITY FL 33180**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
PAGE, ANN
STREET ADDRESS **16546 NE 26 AVE #5H**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33160**

TITLE ☐ DELETE

NAME **PD**
RUTHERFORD, JOANN
STREET ADDRESS **3615 NE 167 ST. #204**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33180**

TITLE ☐ DELETE

NAME **DV**
CARUSO, JOANN
STREET ADDRESS **942 NE 199 ST #205**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33179**

TITLE ☐ DELETE

NAME **DT**
ZWERNER, MILA
STREET ADDRESS **20341 NE 30 AVE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ DELETE

NAME **S**
CARUSO, JOANN
STREET ADDRESS **942 NE 199 ST. #205**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33179**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DIRECTOR**
PAGE, ANN
1.3 STREET ADDRESS **16558 NE 26 AVE #2G**
1.4 CITY-ST-ZIP **NO. MIAMI BEACH FL 33160**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **DT**
Mila Zwerner
4.3 STREET ADDRESS **16576 NE 26 AVE #4A**
4.4 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

5/1/98

(305)947-5507

CR2E037 (10/97)