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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737014

1. Corporation Name

FREEDOM LEARNING CENTER, INC.

Principal Place of Business

1933 N.E. 163 STREET
NORTH MIAMI BCH FL 33162
US

Mailing Address

1933 N.E. 163 STREET
NORTH MIAMI BCH FL 33162
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

PACE, LOUIS
11575 N. QUAYSIDE
COOPER CITY FL 33180

10. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> DELETE
NAME	PACE, ANN	
STREET ADDRESS	16558 NE 26TH AVENUE #2G	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, JOANN	
STREET ADDRESS	3615 NE 167 ST. #204	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARUSO, JOANN	
STREET ADDRESS	942 NE 199 ST #205	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ZWERNER, MILA	
STREET ADDRESS	16570 NE 26TH AVENUE #6A	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARUSO, JOANN	
STREET ADDRESS	942 NE 199 ST. #205	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANN RUTHERFORD 4/26/99 305-947-5507

CR2E037 (11/98)