## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#737014** 

Apr 13, 2008 Secretary of State

Entity Name: FREEDOM LEARNING CENTER, INC.

**Current Principal Place of Business:** New Principal Place of Business:

16558 NE 26TH AVE 16570 NE 26TH AVE

NORTH MIAMI BEACH, FL 331604018 US NORTH MIAMI BEACH, FL 33160 US

**Current Mailing Address:** New Mailing Address:

16570 NE 26TH AVE 16558 NE 26TH AVE

NORTH MIAMI BEACH, FL 331604018 US NORTH MIAMI BEACH, FL 33160 US

FEI Number: 59-1753790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

6A

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

PACE, LOUIS 1283 NW 163RD TERRACE US PEMBROKE PINES, FL 33028

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete RUTHERFORD, JOANN RUTHERFORD, JOANN Name: Name: 16558 NE 26TH AVENUE, #3J Address: 3503 DELTA AVE NW Address: City-St-Zip: NO. MIAMI BEACH, FL 33160 40 City-St-Zip: HUNTSVILLE, AL 35810 US

Title: DV () Delete Title: (X) Change ( ) Addition

CARUSO, JOANN Name: CARUSO, JOANN Name:

Address: 4830 NW 43RD ST Address: 1505 FORT CLARKE BLVD, APT 9204

City-St-Zip: GAINESVILLE, FL 32606 42 City-St-Zip: GAINESVILLE, FL 32606 42

Title: () Delete Title: () Change () Addition

ZWERNER, MILA Name: Name: 16570 NE 26TH AVENUE #6A Address: Address: City-St-Zip: N MIAMI BEACH, FL 33160 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: CARUSO, JOANN Name: CARUSO, JOANN

1505 FORT CLARKE BLVD. APT 9204 Address: 4830 NW 43RD ST Address:

City-St-Zip: GAINESVILLE, FL 32606 42 City-St-Zip: GAINESVILLE, FL 32606 42

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: JOANN RUTHERFORD **PRES** 04/13/2008