FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752165 (1)

1. Corporation Name
EDISON LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
2249 CLIFFORD ST. FT. MYERS FL 33901	2249 CLIFFORD ST. FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1980
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2021382 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HOWELL, LAURA
14 FALCONWOOD CT.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: BEVERLY COX
82 Street Address (P.O. Box Number is Not Acceptable):
83: 2170 SOUTH ST.
84 City: FT. MYERS FL 85 Zip Code: 33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: BEVERLY COX, PRES. Beverly A. Cox 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	XX	☐ Change ☐ Addition
NAME	HOWELL, LAURA	1.2 NAME	PD	
STREET ADDRESS	14 FALCONWOOD CT	1.3 STREET ADDRESS	BEVERLY COX	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	2170 SOUTH ST.,FT. MYERS, 33901	
TITLE	VP	2.1 TITLE	VP	XX ☐ Change ☐ Addition
NAME	BROSSY-HART, CYNTHIA	2.2 NAME	NANCY NICOTRA	
STREET ADDRESS	13733 PINE VILLA LANE	2.3 STREET ADDRESS	1855 SEAFAN CIR.	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
TITLE	SD	3.1 TITLE	SD	XX ☐ Change ☐ Addition
NAME	KENYON, DEB	3.2 NAME	LEANE MARTINEZ	
STREET ADDRESS	1562 COCONUT DR	3.3 STREET ADDRESS	495 GRENIER DR.	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
TITLE	T	4.1 TITLE	T	XX ☐ Change ☐ Addition
NAME	CODY, PATRICIA A	4.2 NAME	CINDY MITAR	
STREET ADDRESS	2249 CLIFFORD ST	4.3 STREET ADDRESS	13 BAYWOOD CT.	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CODY, PATRICIA A	5.2 NAME		
STREET ADDRESS	1353 COCONUT DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia A. Cody 4/3/95 813-332-2769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA A. CODY, DIRECTOR