

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754069 (3)
1. Corporation Name
THE LEARNING PLACE, INC.



Principal Place of Business Mailing Address
P. O. BOX 914 MILTON FL 32572 US
P. O. BOX 914 MILTON FL 32572 US

3. Date Incorporated or Qualified 09/08/1980
3a. Date of Last Report 02/28/1995

2. Principal Place of Business 21 4701 School Lane Suite, Apt. #, etc. 22 City & State 23 Milton FL Zip 24 32571	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Santa Rosa Country 30	4. FEI Number 59-2092493 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LANIER, MARY 5409 WALKER DR MILTON FL 32570	10. Name and Address of New Registered Agent 81 Name Johanna Millsap 82 Street Address (P.O. Box Number is Not Acceptable) 3239 Cobblestone 83 84 City Pace FL 85 Zip Code 32571
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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 *Johanna N. Millsap* Johanna N. Millsap Director 1-26-96
(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 NAME STREET ADDRESS CITY-ST-ZIP	DV CAPT WALT REESE 559 TUTTLE BLVD. MILTON FL. <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D KING, Sandra 7851 Siesta Cove Milton FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, WARREN 5409 WALKER RD MILTON, FL 00000 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/D Breland, Kelley 5725 Pebble Ridge Dr Milton FL 32583 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIGH, MABEE 560-A AVENGER DR MILTON, FL 00000 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D Dufano, Sandra 5560 Dakmont Drive Pace FL 32571 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSSWELL, KATHLEEN S 805 SUNNYSIDE DR MILTON, FL 00000 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, SANDRA 7851 SIESTA COVE MILTON, FL 00000 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INMAN, VIRGINIA 502 NEKOLE ST MILTON FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Kelley Breland* Kelley Breland 1/29/96 9046269730
(Signature and typed or printed name of signing officer or director Date Devine Phone #)

CR2E037 (12/95)