

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 4701 SCHOOL LANE MILTON FL 32571 US
Mailing Address: P. O. BOX 914 MILTON FL 32572-0914 US

3. Date Incorporated or Qualified: 09/08/1980
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-2092493
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MILLSAP, JOHANNA
3239 COBBLESTONE
PACE FL 32571

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Johanna N. Millsap* *Johanna N. Millsap* 3-25-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KING, SANDRA	
STREET ADDRESS	7851 SIESTA COVE	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRELAND, KELLEY	
STREET ADDRESS	5725 PEBBLE RIDGE DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DUFANO, SANDRA	
STREET ADDRESS	5560 OAKMONT DRIVE	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROSSWELL, KATHLEEN S	
STREET ADDRESS	805 SUNNYSIDE DR	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KING, SANDRA	
STREET ADDRESS	7851 SIESTA COVE	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	INMAN, VIRGINIA	
STREET ADDRESS	502 NEKOLE ST	
CITY-ST-ZIP	MILTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	King, Sandra	
1.3 STREET ADDRESS	7851 Siesta Cove	
1.4 CITY-ST-ZIP	MILTON FL 32583	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kathleen Crosswell	
2.3 STREET ADDRESS	805 Sunnyside Drive	
2.4 CITY-ST-ZIP	MILTON FL 32570	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Virginia Inman	
3.3 STREET ADDRESS	502 Nekole St	
3.4 CITY-ST-ZIP	MILTON FL 32570	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joni Picus	
4.3 STREET ADDRESS	5727 English Turn	
4.4 CITY-ST-ZIP	Pace FL 32571	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Veronica Siefert	
5.3 STREET ADDRESS	6048 Hialeah St	
5.4 CITY-ST-ZIP	Pace FL 32571	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Diane Day-Welty	
6.3 STREET ADDRESS	1922 Jehnifer Lane	
6.4 CITY-ST-ZIP	Pace FL 32571	

14. I do 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: *Kelley Breland* *Kelley Breland* 3.24.97 (904) 626-9730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)