

FILE NOW: FILING FEE IS \$61.25

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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90059 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 754069

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  
 US



|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 09/08/1980  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-2092493  |  |
| 24 Country                     |  | 29 Country             |  | 30 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 |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent       |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| MILLSAP, JOHANNA<br>3239 COBBLESTONE<br>PACE FL 32571 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL  |  |  |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KING, SANDRA                       | 1.2 NAME  | D Hinson, Susan  |
| STREET ADDRESS             | 7851 SIESTA COVE                   | 1.3 STREET ADDRESS                                    | 5527 Chipper Lane  |
| CITY-ST-ZIP                | MILTON FL                          | 1.4 CITY-ST-ZIP                                       | Pace FL 32571  |
| TITLE                      | TD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BRELAND, KELLEY                    | 2.2 NAME  |  |
| STREET ADDRESS             | 5725 PEBBLE RIDGE DRIVE            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MILTON FL                          | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CROSSWELL, KATHLEEN                | 3.2 NAME  |  |
| STREET ADDRESS             | 805 SUNNYSIDE DRIVE                | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MILTON FL                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PICUS, JONI                        | 4.2 NAME  |  |
| STREET ADDRESS             | 5727 ENGLISH TURN                  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PACE FL                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SIEFERT, VERONICA                  | 5.2 NAME  |  |
| STREET ADDRESS             | 6048 HIALEAH ST                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PACE FL                            | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 6.2 NAME  |  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 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)(f), 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: Kelley Breland RE Kelley Breland 1/27/99 (850) 626-9730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)