


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90204 026 ****61.25

DOCUMENT # 754069			
1. Entity Name THE LEARNING PLACE, INC.			
Principal Place of Business 6080 OLD BAGDAD HWY MILTON, FL 32583 US		Mailing Address P. O. BOX 914 MILTON, FL 32572 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAYNE, DENISE 3625 SWEET BAY DRIVE MILTON, FL 32571		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Denise Mayne Denise Mayne Director</u> <u>4-25-05</u>		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, BRELAND	NAME	Tom Jalomo
STREET ADDRESS	5725 PEBBLE RIDGE DR	STREET ADDRESS	5620 Whispering Woods Drive
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	Pace, FL 32571
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, DEB	NAME	John Chapman
STREET ADDRESS	4755 WINTERDALE DR	STREET ADDRESS	5708 Derby Drive
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	Pace, FL 32571
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JALOMO, TOM	NAME	Rae Wertz
STREET ADDRESS	5620 WHISPERING WOODS DRIVE	STREET ADDRESS	6967 Hardwood Court
CITY-ST-ZIP	MILTON, FL 32571	CITY-ST-ZIP	Milton, FL 32583
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKY, MATTHEWS	NAME	Tracy Van Norman
STREET ADDRESS	6072 SUNNYRIDGE DRIVE	STREET ADDRESS	3108 Sonya Street
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	Pace, FL 32571
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YELVINGTON, KIRSTEN	NAME	Elizabeth Tindall
STREET ADDRESS	3025 N. 26TH AVE.	STREET ADDRESS	6217 Mohawk Trail
CITY-ST-ZIP	MILTON, FL 32583	CITY-ST-ZIP	Milton, FL 32583
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jessica Phillips
STREET ADDRESS		STREET ADDRESS	5724 Jeff Ates Road
CITY-ST-ZIP		CITY-ST-ZIP	Pace, FL 32571
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Denise Mayne Denise Mayne Director</u> <u>4-25-05</u> <u>850-626-8080</u>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	