

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90416 029 ****61.25

00001/00

DOCUMENT # 754069

1. Entity Name
THE LEARNING PLACE, INC.



Principal Place of Business Mailing Address

**4701 SCHOOL LANE
MILTON FL 32571
US** **P. O. BOX 914
MILTON FL 32572
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2092493** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LARSON, CYNTHIA
5725 DOVE DRIVE
PACE FL 32571**

7. Name and Address of New Registered Agent

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 *Cynthia Larson* DATE **4-28-03**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLEY, BRELAND	
STREET ADDRESS	5725 PEBBLE RIDGE DR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRELAND, KELLEY	
STREET ADDRESS	5725 PEBBLE RIDGE DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CROSSWELL, KATHLEEN	
STREET ADDRESS	805 SUNNYSIDE DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VICKY, MATTHEWS	
STREET ADDRESS	6072 SUNNYRIDGE DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CONNIE, HUTTON	
STREET ADDRESS	4233 NORTH ISLAND ROAD	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JANA, CROUNSE	
STREET ADDRESS	5443 OAK MEADOW DRIVE	
CITY-ST-ZIP	MILTON FL 32570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deb Weber	
STREET ADDRESS	4755 Winterdale Drive	
CITY-ST-ZIP	Pace FL 32571	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Mayne	
STREET ADDRESS	7384 San Ramon Drive	
CITY-ST-ZIP	Milton FL 32583	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Ottley	
STREET ADDRESS	7223 Bay Shore Drive	
CITY-ST-ZIP	Milton FL 32583	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Butler	
STREET ADDRESS	5525 Ridge Hill Ct.	
CITY-ST-ZIP	Milton FL 32570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Crosswell	
STREET ADDRESS	805 Sunnyside Drive	
CITY-ST-ZIP	Milton FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE: **4-28-03** **994-2220**

CR2E037 (10/02)