

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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