SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 766412 (1)

1. Corporation Name
WALTER E. FARMER LEARNING CENTER, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% CLARA S. FARMER 4340 N. HIAWASSEE RD ORLANDO FL 32808	% CLARA S. FARMER 4340 N. HIAWASSEE RD ORLANDO FL 32808

3. Date Incorporated or Qualified: 01/01/1983
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2284536 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FARMER, CLARA S.
1118 PAUL ST
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 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	1.1 TITLE	D ☐ Change ☐ Addition
NAME	FARMER, CLARA S.	1.2 NAME	Mills, Prescott
STREET ADDRESS	1118 PAUL ST	1.3 STREET ADDRESS	Rt. 2, Box 4253
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Crawfordville, Fl
TITLE	VD	2.1 TITLE	D ☐ Change ☐ Addition
NAME	LITTLE, WARREN	2.2 NAME	Farmer, Tamiya-
STREET ADDRESS	6500 TURKEY LAKE RD	2.3 STREET ADDRESS	1118 Paul St
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fl
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FARMER, WALTER, II	3.2 NAME	
STREET ADDRESS	1118 PAUL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	FARMER, LATASHA	4.2 NAME	
STREET ADDRESS	~~1404 SW 16TH TERR #101~~ 3500 Windmeadows Blvd. Apt. 43	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, GREGORY	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 4253	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	FARMER, TALISA	6.2 NAME	
STREET ADDRESS	4340 N HIAWASSEE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Clara S. Farmer Clara S. Farmer 6/30/95 (407) 299-3992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004808