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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90138 050 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F68969

*BUSINESS CLOSED AS A DAY CARE
19 JUNE 98
BUILDING SOLD
30 SEP 98
REORG - DIFF TYPE OF BUSINESS*

1. Corporation Name

NORTH BAY LEARNING CENTER, INC.

Principal Place of Business

**2315 RUTH HENTZ DRIVE
PANAMA CITY FL 32405**

Mailing Address

**2315 RUTH HENTZ DRIVE
PANAMA CITY FL 32405**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/01/1982

4. FEI Number

59-2899476

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3013 KINGS HARBOUR RD

Suite, Apt. #, etc.

22

City & State

23 PANAMA CITY, FL

Zip

24 32405

Country

25 USA

2a. Mailing Address

26 POB 15208

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY, FL

Zip

29 32406

Country

30 USA

9. Name and Address of Current Registered Agent

**LOVETT, BARBARA M.
2315 RUTH HENTZ DRIVE
PANAMA CITY FL 32405**

81 Name

LOVETT, BARBARA M

82 Street Address (P.O. Box Number is Not Acceptable)

3013 KINGS HARBOUR RD

83

84 City

PANAMA CITY

FL

85 Zip Code

32405

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD LOVETT, BARBARA M**
STREET ADDRESS **3013 KINGS HARBOUR ROAD**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE
NAME **STD LOVETT, CHARLES S.**
STREET ADDRESS **3013 KINGS HARBOUR ROAD**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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(1)(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 607, 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:

Charles S. Lovett

CHARLES S LOVETT

24 April 99

850-769-0650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)

0067458