


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000000897 (8) 1. Corporation Name THE INITIATIVE FOR BETTER LEARNING, INC.					
Principal Place of Business 316 WEST 12TH STREET ROOM 211 AUSTIN TX 78701-1840			Mailing Address 316 WEST 12TH STREET ROOM 211 AUSTIN TX 78701-1840		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3203128	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILLIAMSON, THOMAS A C/O POOH'S CORNER 324 PARK AVENUE NORTH WINTER PARK FL 32789				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				85 Zip Code	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				FL	
1.1 TITLE				Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
1.2 NAME				AUSTIN, TX 78731	
1.3 STREET ADDRESS				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
1.4 CITY-ST-ZIP				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.1 TITLE				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.2 NAME				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.3 STREET ADDRESS				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.4 CITY-ST-ZIP				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.1 TITLE				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.2 NAME				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.3 STREET ADDRESS				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.4 CITY-ST-ZIP				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.1 TITLE				Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
4.2 NAME				GLEDICH, NORA F.	
4.3 STREET ADDRESS				1003 FAIRBURN CIRCLE	
4.4 CITY-ST-ZIP				06086, FL 34761	
5.1 TITLE				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.2 NAME				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.3 STREET ADDRESS				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.4 CITY-ST-ZIP				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.1 TITLE				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.2 NAME				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.3 STREET ADDRESS				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.4 CITY-ST-ZIP				Change <input type="checkbox"/> Addition <input type="checkbox"/>	

14. 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 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:

*Thomas A. Williamson*

1.5. 98

512-700-9369

CR2E037 (10/97)