

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90002 045 ***150.00

DOCUMENT # H81638

1. Entity Name
BREVARD LEARNING CLINIC, INC.



Principal Place of Business
1900 S HARBOR CITY BLVD
#231
MELBOURNE, FL 32901

Mailing Address
1900 S HARBOR CITY BLVD
#231
MELBOURNE, FL 32901

54069060



2. Principal Place of Business

3. Mailing Address

1321 Murfreesboro Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 702

07082004

Chg-P

CR2E034 (10/03)

City & State

City & State

Nashville, TN

4. FEI Number

59-2611041

Applied For

Not Applicable

Zip

Country

Zip

37217

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.
26 E. PARK AVE.
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Delete
NAME JEFFERS, BARBARA C.
STREET ADDRESS 353 DAYTON BLVD.
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE **President & CEO** ☐ Change ☒ Addition
NAME **Mark Claypool**
STREET ADDRESS **1321 Murfreesboro Pike, Ste 702**
CITY-ST-ZIP **Nashville, TN 37217**

TITLE VP ☒ Delete
NAME JEFFERS, DAVID
STREET ADDRESS PO BOX 204
CITY-ST-ZIP CENTER TUFTONBORO, NH 03816

TITLE **CEO & EVD & Secretary** ☐ Change ☒ Addition
NAME **Donald B. Whitfield**
STREET ADDRESS **1321 Murfreesboro Pike, Ste 702**
CITY-ST-ZIP **Nashville, TN 37217**

TITLE VP ☒ Delete
NAME JEFFERS, JEN
STREET ADDRESS 630 SUPERIOR
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME JEFFERS, JOHN H
STREET ADDRESS 353 DAYTON BLVD
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

Donald B. Whitfield / **Donald B. Whitfield**

7/9/04

615-361-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #