


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90237 041 ****61.25

DOCUMENT # N0000007264 1. Entity Name T AND T LEARNING CENTER, INC.		
Principal Place of Business 1303 N STATE RD 7 A6 MARGATE, FL 33060		Mailing Address 616 NW 21ST COURT POMPANO BEACH, FL 33060
2. Principal Place of Business <i>231 S. Dixie Highway</i> Suite, Apt. #, etc.	3. Mailing Address <i>616 N.W. 21st Court</i> Suite, Apt. #, etc.	
City & State <i>Pompano Beach, FL</i>		City & State <i>Pompano Beach, FL</i>
Zip <i>33060</i>	Country <i>USA</i>	Zip <i>33060</i>
Country <i>USA</i>		Country <i>USA</i>
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLENN, JIMMY 416 NORTHWEST 9TH AVENUE POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPFIELD, MINNIE 616 NW 21ST COURT POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, JOHN 416 NORTHWEST 9TH AVENUE POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWS, MARSHA 416 NORTHWEST 9TH AVENUE POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JAMES L 1595 NW 7TH AVE POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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)(1), 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 817, 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: <i>Minnie Campfield</i> <i>Minnie Campfield</i> <i>4/18/05</i> <i>(954) 785-2064</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

