2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000007264

1. Entity Name

T AND T LEARNING CENTER, INC.



FILED Feb 04, 2008 08:00 AM Secretary of State

Principal Place of Business

231 S. DIXIE HIGHWAY POMPANO, FL 33060

Mailing Address

616 NW 21ST COURT POMPANO BEACH, FL 33060



01312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-1053209 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

CITY - ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

POMPANO BEACH, FL 33060

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				IN THIS STASE			
	e named entity submits this statement for the p tions of registered agent.		d office or	registered agent, or be	oth, in the State of Florida. I am familiar with, and acc	cept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signatur	e required when roinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan- Trust Fund Contribution.	oing 🗀	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS				<u> </u>		
TITLE	SD						
NAME	NOE, LAURA MRS.						
STREET ADDRESS	2851 NE 46TH STREET						
CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33441						
TITLE	PD						
NAME	JONES, JAMES L MR.				U00000816044		
STREET ADDRESS	1595 NW 7TH AVENUE				02/14/08-80033-016 61.25		
CITY-ST-ZIP	POMPANO BEACH, FL 33060						
TITLE	TD						
NAME	POITIER, WOODROW J MR.						
STREET ADDRESS CITY-ST-ZIP	901 NW 4TH AVENUE			DO	NOT WRITE		
··· ··· ···	POMPANO BEACH, FL 33060						
TITLE NAME	V LARKINS, E. PAT MR.			IN	THIS SPACE		
STREET ADDRESS	1534 NW 4TH AVENUE						
CITY-ST-ZIP	POMPANO BEACH, FL 33060						
TITLE	D						
NAME	HAYWOOD, JACQUELYN B MRS.						
STREET ADDRESS	1400 NW 6TH STREET						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 617, 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.