

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001904

1. Entity Name
NEW ROAD TO LEARNING, INC.



Principal Place of Business
1408 E BLOUNT STREET
PENSACOLA, FL 32501

Mailing Address
1408 E BLOUNT STREET
PENSACOLA, FL 32501



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3709771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIEVIT, KELLY & ODOM, P.A.
15 W. MAIN ST.
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
GANT, FREDERICK
322 W CERVANTES ST
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COX, KIM
1408 E BLOUNT STREET
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
POWELL, RAY A
2606 GREEN BAY AVE
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUDSON, EJ
8487 EIGHT MILE CREEK RD
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEXANDER, DAVID
1408 E BLOUNT STREET
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000444698
03/07/06-80012-018 61.25

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE

Celestine Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

Daytime Phone #