


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 002 ****61.25

DOCUMENT # N01000003888					
1. Entity Name THE COMMUNITY LEARNING CENTER OF CITRUS COUNTY, INC.					
Principal Place of Business 136 N. FLORIDA AVE. INVERNESS, FL 34453			Mailing Address PO BOX 1801 INVERNESS, FL 34451		
2. Principal Place of Business 2435 N. FLORIDA AVE.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INVERNESS, FLORIDA		City & State		4. FEI Number 59-3734647	
Zip 34453		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENRY, JOSEPHINE 136 N. FLORIDA AVE. INVERNESS, FL 34453			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, ELIZABETH D <input type="checkbox"/> Delete PO BOX 1801 INVERNESS, FL 34451				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLAMY, RANDOLF SR <input type="checkbox"/> Delete 311 DEER RUN RD INVERNESS, FL 34450				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOSEPHINE <input type="checkbox"/> Delete 207 W. SHORT ST. INVERNESS, FL 34453				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUTCH, SHIRLEY <input type="checkbox"/> Delete PO BOX 822 HERNANDO, FL 34442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, LINDA <input type="checkbox"/> Delete 2596 N RAIL ROAD WAY HERNANDO, FL 34442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABNEY, DORIS <input type="checkbox"/> Delete PO BOX 392 INVERNESS, FL 34451				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE GRESSENS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5004 W. EBONY CT. DUNNELLON, FL 34433				
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 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: <u>Elizabeth D Alexander</u> <u>Elizabeth D Alexander</u> <u>4/26/05</u> <u>352-560-0000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					