


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

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90093 006 \*\*\*\*61.25

<b>DOCUMENT # N01000003888</b>			
1. Entity Name <b>THE COMMUNITY LEARNING CENTER OF CITRUS COUNTY, INC.</b>			
Principal Place of Business 2435 N FLORIDA AVE INVERNESS, FL 34453		Mailing Address P O BOX 1801 INVERNESS, FL 34451	
2. Principal Place of Business <i>2435 North Florida ave.</i>		3. Mailing Address <i>P.O. box 673</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hernando Florida</i>		City & State <i>Hernando FL</i>	
4. FEI Number <b>59-3734647</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HENRY, JOSEPHINE 136 N. FLORIDA AVE. INVERNESS, FL 34453</b>		7. Name and Address of New Registered Agent Name: <i>Josephine Henry</i> Street Address (P.O. Box Number is Not Acceptable): <i>207 West Short Street</i> City: <i>Inverness, FL</i> Zip Code: <i>34452</i>	
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. <i>Address change only</i> SIGNATURE: <i>Elizabeth Diane Alexander</i> DATE: <i>5/1/06</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$81.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: GRESENS, EUGENE STREET ADDRESS: 5004 W EBONY CT CITY-ST-ZIP: DUNNELLON, FL 34433 <input checked="" type="checkbox"/> Delete	TITLE: HM NAME: Wyndell Alexander STREET ADDRESS: 595 south Snapp ave. CITY-ST-ZIP: Inverness, Florida 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: PD NAME: BELLAMY, RANDOLF SR STREET ADDRESS: 311 DEER RUN RD CITY-ST-ZIP: INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE: SD NAME: crystal Wilson STREET ADDRESS: 680 S. Savorly avenue CITY-ST-ZIP: Inverness, Florida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HENRY, JOSEPHINE STREET ADDRESS: 207 W. SHORT ST. CITY-ST-ZIP: INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE: D NAME: Fred Hale STREET ADDRESS: 84 ROOSEVELT BLVD. CITY-ST-ZIP: Beverly Hills, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: SD NAME: FUTCH, SHIRLEY STREET ADDRESS: PO BOX 822 CITY-ST-ZIP: HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete	TITLE: D NAME: Rosella Hale STREET ADDRESS: 34 ROOSEVELT BLVD CITY-ST-ZIP: Beverly Hills, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: SIMMONS, LINDA STREET ADDRESS: 2506 N RAIL ROAD WAY CITY-ST-ZIP: HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete	TITLE: D NAME: drew Sherman STREET ADDRESS: 240 E. Glassboro B #18 CITY-ST-ZIP: Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: D NAME: DABNEY, DORIS STREET ADDRESS: PO BOX 392 CITY-ST-ZIP: INVERNESS, FL 34451 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Elizabeth Diane Alexander</i> <i>Elizabeth Diane Alexander</i> 5-1-06 352-560-0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR Date Filing Phone #</small>			