


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000003888</b> 1. Entity Name THE COMMUNITY LEARNING CENTER OF CITRUS COUNTY, INC.	
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Principal Place of Business 2435 N FLORIDA AVE HERNANDO, FL 34442 US	Mailing Address P O BOX 673 HERNANDO, FL 34442 US
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**DO NOT WRITE IN THIS SPACE**



05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3734647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, JOSEPHINE  
207 WEST SHORT STREET  
INVERNESS, FL 34452

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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 re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLAMY, RANDOLF SR 311 DEER RUN RD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOSEPHINE 207 W. SHORT ST. INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABNEY, DORIS PO BOX 392 INVERNESS, FL 34451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000761844  
05/25/07-80072-011 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: *E. J. [Signature]* 5-1-07 352-560-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #