2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N01000007546

Entity Name: COMMUNITY OUTREACH FAMILY LEARNING CENTER, INC.

Current Principal Place of Business:

GARDEN CITY ELEMENTARY SCHOOL
2202 AVENUE "Q", 21ST LEARNING CTR.
FT. PIERCE, FL 34950

New Principal Place of Business:

GARDEN CITY ELEMENTARY SCHOOL
2202 AVENUE
FT. PIERCE, FL 34950

Current Mailing Address:

1025 COLORADO AVE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1149676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHINE, ALPHENIA M
1025 COLORADO AVENUE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHINE, ALPHENIA
Address: 1025 COLORADO AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: DV ( ) Delete
Name: BROOKS, COURTNEY
Address: 7402 BELAIRE AVE
City-St-Zip: FT. PIERCE, FL 34951

Title: DTS ( ) Delete
Name: RUSS, METRECIA
Address: 2202 N 43RD ST
City-St-Zip: PT. PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHENIA SHINE DP 04/30/2003

Electronic Signature of Signing Officer or Director — Date