

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90237 012 \*\*\*\*70.00

DOCUMENT # N01000007707



1. Entity Name  
LOVE TO LEARN ARTS ACADEMY, INC.

Principal Place of Business  
248 RIBERIA ST.  
ST. AUGUSTINE, FL 32084

Mailing Address  
248 RIBERIA ST.  
ST. AUGUSTINE, FL 32084

14021938



2. Principal Place of Business

2465-2467 U.S. 1 South  
Suite, Apt. #, etc.

3. Mailing Address

4342 NW 15th Terrace  
Suite, Apt. #, etc.

04092004

Chg-NP

CR2E037 (10/03)

City & State

St. Augustine, FL

Zip  
32084

Country  
U.S.A.

City & State

Gainesville, FL

Zip  
32605

Country  
U.S.A.

4. FEI Number

03-0475554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALMER, LAVETTA L  
248 RIBERIA ST.  
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Palmer, Lavetta L.

Street Address (P.O. Box Number is Not Acceptable)

2465-2467 U.S. 1 South

St. Augustine, FL 32084

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 Dr. Lavetta L. Palmer, Ph.D.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 30, 2004

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete  
NAME PAMER, LAVETTA L. DR.  
STREET ADDRESS 248 RIBERIA ST.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE VCD ☒ Delete  
NAME PALMER, LOLITA A. DR.  
STREET ADDRESS 248 RIBERIA ST.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE SCD ☐ Delete  
NAME TAYLOR, HAZEL  
STREET ADDRESS 601 GIBSON AVE.  
CITY-ST-ZIP ARCHER, FL 32618

TITLE T ☒ Delete  
NAME HARRIS, OSCAR L JR.  
STREET ADDRESS P.O. BOX 1503  
CITY-ST-ZIP GAINESVILLE, FL 32602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition  
NAME Dr. Lolita A. Palmer  
STREET ADDRESS 989 Deer Chase Drive  
CITY-ST-ZIP St. Augustine, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer, Board Member ☐ Change ☒ Addition  
NAME Dr. Larry Mitchell  
STREET ADDRESS 6711 SW 63rd Lane  
CITY-ST-ZIP Gainesville, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Dr. Lavetta L. Palmer, Ph.D. Dr. Lavetta L. Palmer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-797-5955