2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N01000007983

Entity Name: THE CENTER FOR NON-VIOLENCE LEARNING, INC.

Current Principal Place of Business:

1013 HOWELL HARBOR DR.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4608
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 30-0000785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCER, BETTY A
1013 HOWELL HARBOR DRIVE
CASSELBERRY, FL 32707 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:	CEOP	( ) Delete
Name:	SPENCER, BETTY	
Address:	1013 HOWELL HARBOR DRIVE	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	V	( ) Delete
Name:	NEWMAN, WILLIAM	
Address:	1143 INDIAN BLUFF DR	
City-St-Zip:	APOPKA, FL 32703	
Title:	T	( ) Delete
Name:	BITLER, CARL	
Address:	1806 JESSICA CT	
City-St-Zip:	WINTER PARK, FL 32804	
Title:	S	( ) Delete
Name:	RILEY, JUANITA	
Address:	5152 LIGHTHOUSE RD	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	BULLOCK, DANAE	
Address:	2804 1/2 HALL AVE	
City-St-Zip:	GRAND JUNCTION, CO 81501	

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:		
Title:	S	(X) Change ( ) Addition
Name:	HARKINS, KATHLEEN	
Address:	1040 HOWELL HARBOR DR.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	D	(X) Change ( ) Addition
Name:	LEHMAN, MICHAEL	
Address:	5703 RED BUG LK RD. # 167	
City-St-Zip:	WINTER SPRINGS, FL 32807	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BETTY SPENCER CEOP 01/31/2008

Electronic Signature of Signing Officer or Director — Date