


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90015 036 ****61.25

DOCUMENT # N02000000682	
1. Entity Name THE LEARNING CURVE, INC.	

Principal Place of Business 37711 CR 439 EUSTIS, FL 32736	Mailing Address 37711 CR 439 EUSTIS, FL 32736
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40109501



05302008 Chg-NP CR2E037 (12/06)

4. FEI Number 04-3589149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
VARY, CYNTHIA D D 37711 CR 439 EUSTIS, FL 32736	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARY, CYNTHIA D D	NAME	
STREET ADDRESS	37711 CR 439	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32736	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULEY, JANET	NAME	
STREET ADDRESS	16040 LONELY LANE RD.	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL 32784	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, LINDA	NAME	
STREET ADDRESS	5254 KATI LYNN DR	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEAN, PAULA	NAME	
STREET ADDRESS	1442 MARSH CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, JO	NAME	
STREET ADDRESS	5005 CITY STREET, APT. #1336	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARY, STEPHEN A	NAME	
STREET ADDRESS	37711 CR 439	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32736	CITY-ST-ZIP	

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: Cynthia D. Vary Cynthia D. Vary 6/3/08 352-589-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40109501

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)

Annual Report Online Filing

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number N02000000682
Business Entity Name THE LEARNING CURVE, INC.
FEI Number 043589149
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 37711 CR 439
City, State EUSTIS, FL
Zip Code & Country 32736

Mailing Address

Address 37711 CR 439
City, State EUSTIS, FL
Zip Code & Country 32736

Name And Address of Registered Agent

Name (Last, First, Middle, Title) VARY, CYNTHIA , M, D
Address 37711 CR 439
City, State EUSTIS, FL
Zip Code & Country 32736 US
Registered Agent Signature CYNTHIA M.VARY

Officer/Director Name And Address

Name And Address #1

Title D
Name (Last, First, Middle, Title) VARY, CYNTHIA , M, D
Street Address 37711 CR 439
City, State EUSTIS, FL
Zip Code & Country 32736

ATTACHMENT

40109501

102600000682

Name And Address #2

Title D
Name (Last, First, Middle, Title) PAULEY, JANET
Street Address 16040 LONELY LANE RD.
City, State UMATILLA, FL
Zip Code & Country 32784

Name And Address #3

Title D
Name (Last, First, Middle, Title) VARY, STEPHEN , A
Street Address 37711 CR 439
City, State EUSTIS, FL
Zip Code & Country 32736

Name And Address #4

Title D
Name (Last, First, Middle, Title) MCCLEEAN, PAULA
Street Address 1442 MARSH CREEK LANE
City, State ORLANDO, FL
Zip Code & Country 32828

Name And Address #5

Title D
Name (Last, First, Middle, Title) BERNARD, JO
Street Address 5005 CITY STREET, APT. #1336
City, State ORLANDO, FL
Zip Code & Country 32839

Title D
Officer/Director Signature CYNTHIA M.VARY

[Continue](#)