

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90002 017 ****70.00

DOCUMENT # N02000002947

1. Entity Name

THE COMMUNITY LEARNING CENTER OF DAYTONA,
INC.



Principal Place of Business:

48 SOUTH STREET
DAYTONA BEACH FL 32114
US

Mailing Address

P.O. BOX 11034
DAYTONA BEACH FL 32120
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0681722

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDDICK, LEAH
1059 MASON AVENUE
DAYTONA BEACH FL 32114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 PD ☐ Delete
NAME RIDDICK, LEAH C
STREET ADDRESS 1059 MASON AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE VD ☐ Delete
NAME MCCELVEEN, BELINDA
STREET ADDRESS 4636 SOUTH MOON TRAIL
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE SD ☐ Delete
NAME DAVIS, PAULETTE
STREET ADDRESS 1017 HAMPTON RD.
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE TD ☐ Delete
NAME JANVIER, ARRIGENE
STREET ADDRESS 1026 S. GERTRUDE
CITY-ST-ZIP DAYTONA BCH FL 32117

TITLE D ☐ Delete
NAME JAMERSON, OLIVE
STREET ADDRESS 1023 HAMPTON RD.
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEAH C. Riddick

6-8-04

386-334-1750

Date

Daytime Phone #