## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002947

FILED Jul 18, 2005 Secretary of State

Entity Name: THE COMMUNITY LEARNING CENTER OF DAYTONA, INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
48 SOUTH DAYTONA	STREET BEACH, FL 32114 US	1059 MASON AVENUE DAYTONA BEACH, FL 32114 US
Current Ma	ailing Address:	New Mailing Address:
P.O. BOX 1 DAYTONA	11034 BEACH, FL 32120 US	
FEI Number: 01-0681722 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	LEAH DN AVENUE BEACH, FL 32114 US	RIDDICK, LEAH 4636 SOUTH MOON TRAIL PORT ORANGE, FL 32129 US
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.		
SIGNATUR	RE:	07/18/2005
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete RIDDICK, LEAH C 1059 MASON AVE. DAYTONA BEACH, FL 32114	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete MCELVEEN, BELINDA 4636 SOUTH MOON TRAIL PORT ORANGE, FL 32129	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete DAVIS, PAULETTE 1017 HAMPTON RD. DAYTONA BCH, FL 32114	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete JANVIER, ARRIGENE 1026 S. GERTRUDE DAYTONA BCH, FL 32117	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete JAMERSON, OLIVE 1023 HAMPTON RD. DAYTONA BCH, FL 32114	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: LEAH RIDDICK PD 07/18/2005