

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002947

FILED  
Apr 26, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1059 MASON AVENUE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11034  
DAYTONA BEACH, FL 32120 US

**New Mailing Address:**

**FEI Number:** 01-0681722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RIDDICK, LEAH  
4636 SOUTH MOON TRAIL  
PORT ORANGE, FL 32129 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: PD ( ) Delete  
Name: RIDDICK, LEAH C  
Address: 1059 MASON AVE.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD ( ) Delete  
Name: MCELVEEN, BELINDA  
Address: 4636 SOUTH MOON TRAIL  
City-St-Zip: PORT ORANGE, FL 32129

Title: SD ( ) Delete  
Name: DAVIS, PAULETTE  
Address: 1017 HAMPTON RD.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: TD ( ) Delete  
Name: JANVIER, ARRIGENE  
Address: 1026 S. GERTRUDE  
City-St-Zip: DAYTONA BCH, FL 32117

Title: D ( ) Delete  
Name: JAMERSON, OLIVE  
Address: 1023 HAMPTON RD.  
City-St-Zip: DAYTONA BCH, FL 32114

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: LEAH RIDDICK

PD

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date