2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005147

Entity Name: LEARNING COOPERATIVE, INC.

ST. PETERSBURG, FL 33712

() Delete

() Delete

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SD

BACON, LINDA A

1722 SOLAR DRIVE

HOLIDAY, FL 34691

DENNARD, MICHELLE

3616 CARMEN STREET

TAMPA, FL 33609

FILED Feb 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 650 SEMINOLE BLVD. LARGO, FL 33770 **Current Mailing Address: New Mailing Address:** 650 SEMINOLE BLVD. LARGO, FL 33770 FEI Number: 51-0417707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TUTHILL, DOUGLAS M 650 SEMÍNOLE BLVD. LARGO, FL 33770 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MCMAHON, ROBERT A MCMAHON, ROBERT A Name: Name: 117 COUNTRY VILLAS DRIVE Address: 117 COUNTRY VILLAS DRIVE Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Title: TD () Delete Title: () Change () Addition Name: MOORE, JADE T Name: Address: 94 BAYWOOD AVENUE Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: CEOD () Delete Title: PD (X) Change () Addition TUTHILL, DOUGLAS M Name: TUTHILL, DOUGLAS M Name: 2421 GREEN WAY SOUTH 2421 GREEN WAY SOUTH Address: 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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

ST. PETERSBURG, FL 33712

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SIGNATURE: ROBERT MCMAHON CEO 02/10/2004