

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005147

FILED
Feb 06, 2007
Secretary of State

Entity Name: LEARNING COOPERATIVE, INC.

Current Principal Place of Business:

650 SEMINOLE BLVD.
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

650 SEMINOLE BLVD.
LARGO, FL 33770

New Mailing Address:

FEI Number: 51-0417707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JADE T
94 BAYWOOD AVENUE
CLEARWATER, FL 33765 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: CEO () Delete
Name: MOORE, JADE
Address: 94 BAYWOOD AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: CFO () Delete
Name: DENNARD, MICHELLE
Address: 3616 CARMEN STREET
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: BACON, LINDA A
Address: 11750 OLD GEORGETOWN RD. #2240
City-St-Zip: N. BETHESDA, MD 20852

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:

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: MICHELLE DENNARD

CFO

02/06/2007

Electronic Signature of Signing Officer or Director

Date