

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005147

FILED
Apr 22, 2009
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 (X)

Name and Address of Current Registered Agent:

MOORE, JADE T
94 BAYWOOD AVENUE
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

DENNARD, MICHELLE
3616 CARMEN STREET
TAMPA, FL 33609 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.

SIGNATURE: MICHELLE DENNARD

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: VP () Delete
Name: HOWARD-WAHLIS, COLLEEN
Address: 6227 4TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: CFO () Delete
Name: MCMAHON, ROBERT
Address: 117 COUNTRY VILLAS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DENNARD, MICHELLE
Address: 3616 CARMEN STREET
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: HOWARD-WAHLIS, COLLEEN
Address: 6227 4TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: TREA (X) Change () Addition
Name: MCMAHON, ROBERT
Address: 117 COUNTRY VILLAS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SEC (X) Change () Addition
Name: VANDERSTEK, COURTNEY
Address: 5531 LANGFORD LANE
City-St-Zip: LAKE OSWEGO, OR 97035

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date