2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N02000005210

Entity Name: WORLDCLASS SCHOOLS OF LEON COUNTY, INC.

Current Principal Place of Business:

100 N DUVAL ST
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

PO BOX 37085
TALLAHASSEE, FL 323157085

New Mailing Address:

PO BOX 1639
TALLAHASSEE, FL 32302

FEI Number: 13-4202729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULPEPPER, J. BRUCE
100 N DUVAL ST
TALLAHASSEE, FL 32302 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: D ( ) Delete
Name: ZIFFER, GIL
Address: PO BOX 3208
City-St-Zip: TALLAHASSEE, FL 32315

Title: D ( ) Delete
Name: MEDINA, JOHN
Address: 1201 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: CULPEPPER, J. BRUCE
Address: 301 S BRONOUGH ST, STE 200
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: DICK, SUZANNE M
Address: BOX 1639
City-St-Zip: TALLAHASSEE, FL 32302

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: SUZANNE M. DICK D 04/25/2005

Electronic Signature of Signing Officer or Director — Date