2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/7

FILED
Mar 04, 2003 8:00 am
Secretary of State
02-21-2003 90152 001 ****61.25

DOCUMENT # N02000009198

1. Entity Name
MOTIVATIONAL LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
535-B SILVER SLIPPER LN TALLAHASSEE FL 32303	P.O. BOX 180595 TALLAHASSEE FL 32318-0595

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0654652 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALKER, WILLIE 535-B SILVER SLIPPER LN TALLAHASSEE FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN DAVID MCCALLA 76 VILLAGE GREEN BARDONIA, NY 10954 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREASURER WALKER, ANNIE 535-B SILVER SLIPPER LN TALLAHASSEE FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GLEN JOSEPH 6523 S.W. OLD WIRE RD. FT. WHITE, FL 32038 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, CONTESSA 535-B SILVER SLIPPER LN TALLAHASSEE FL 32303 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CENTRAL SMITH 15320 S.W. 46TH COURT MIRAMAR, FL 33027 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WILLIE JR 535-B SILVER SLIPPER LN TALLAHASSEE FL 32303 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KLOSSMERYL BRYAN 5121 RED FOX RUN TALLAHASSEE, FL 32303 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BARBARA THOMPSON 1025 N.W. 144 ST MIAMI, FL 33168 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Walker SIGNATURE REQUIRED — 2/16/03 (Date) — (850) 224-6150 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)