

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90108 005 ****61.25

DOCUMENT # N03000005313

1. Entity Name
THE COOPERATIVE LEARNING CENTERS, INC.



Principal Place of Business
**1600 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309**

Mailing Address
**1600 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309**

24041000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**MORGAMAN, PHILIP E
1600 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 ☐ Delete
NAME **D MORGAMAN, PHILIP E**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D STEPHENSON, MARK**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D CAMILLOSON, JOHN M**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☒ Change ☐ Addition
NAME **John Camillo**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D SPRUCE, WILLIAM D**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D ZUGMAN, DAVID B**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D ROSSI, MICHAEL**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Stephenson 3/29/04

354
483 6225