


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005514 Entity Name THE COMMUNITY LEARNING INSTITUTE, INC.	
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Principal Place of Business 523 S PAT THOMAS PKWY QUINCY, FL 32351	Mailing Address 523 S PAT THOMAS PKWY QUINCY, FL 32351
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2099858	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GREEN, WILLIE
296 BRADWELL RD
QUINCY, FL 32351**

**DO NOT WRITE
IN THIS SPACE**

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.

05/23/07-80063-007 70.00

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, WILLIE 296 BRADWELL RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREEN, MICHAEL 5413 TEMPLE PALM AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, PATRICIA 390 M L KING BLVD GRETN, FL 32332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BELTON, MAMIE 909 LEE CT PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAS, TITUS 4512 WESLEY DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Willie Green* **Willie F. Green** **4-3007 850 627-489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #