

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005514

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE COMMUNITY LEARNING INSTITUTE, INC.

Current Principal Place of Business:

523 S PAT THOMAS PKWY
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

523 S PAT THOMAS PKWY
QUINCY, FL 32351

New Mailing Address:

FEI Number: 41-2099858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, WILLIE
296 BRADWELL RD
QUINCY, FL 32351 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: DP () Delete
Name: GREEN, WILLIE
Address: 296 BRADWELL RD
City-St-Zip: QUINCY, FL 32351

Title: DV () Delete
Name: GREEN, MICHAEL
Address: 5413 TEMPLE PALM AVE
City-St-Zip: TAMPA, FL 33617

Title: DS () Delete
Name: WILLIAMS, PATRICIA
Address: 390 M L KING BLVD
City-St-Zip: GRETN, FL 32332

Title: DT () Delete
Name: BELTON, MAMIE
Address: 909 LEE CT
City-St-Zip: PANAMA CITY, FL 32404

Title: D (X) Delete
Name: DEAS, TITUS
Address: 4512 WESLEY DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WILLIE C. GREEN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date