

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009132

FILED
Apr 20, 2004
Secretary of State

Entity Name: UPWARD BOUND LEARNING CENTER, INC.

Current Principal Place of Business:

6846 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6846 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-0879479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMMINGS, CLARENCE
6846 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

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: HEMMINGS, CLARENCE
Address: 1955 WOODLEIGH DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: DVT () Delete
Name: HEMMINGS, EDNA
Address: 1944 WOODLEIGH DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: DS () Delete
Name: HEMMINGS, NOVELET
Address: 1955 WOODLEIGH DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: HYLTON, MARILYN
Address: 1955 WOODLEIGH DR
City-St-Zip: JACKSONVILLE, FL 32211

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:

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: CLARENCE HEMMINGS

D/P

04/20/2004

Electronic Signature of Signing Officer or Director

Date