

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90310 038 \*\*\*\*61.25

<b>DOCUMENT # N04000001877</b> 1. Entity Name <b>THE LEARNING FOUNDATION OF FLORIDA, INC.</b>																																																																																																																																									
Principal Place of Business <b>138 MEADOWLAND DRIVE ROYAL PALM BEACH, FL 33411 US</b>				Mailing Address <b>138 MEADOWLAND DRIVE ROYAL PALM BEACH, FL 33411 US</b>																																																																																																																																					
2. Principal Place of Business <b>11784 60th ST. NO.</b>		3. Mailing Address <b>11784 60th ST NO.</b>																																																																																																																																							
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04202005 Chg-NP CR2E037 (10/03)																																																																																																																																					
City & State <b>West PALM BEACH</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>20-0777241</b>																																																																																																																																					
Zip <b>33411</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Name and Address of Current Registered Agent <b>BURNS ACCOUNTING SERVICES, INC. 11419 ORANGE GROVE BLVD. WEST PALM BEACH, FL 33411</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																									
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
<b>Make check payable to Florida Department of State</b>																																																																																																																																									
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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.																																																																																																																																									
<b>SIGNATURE:</b> <u>Debra J Thornby</u> <span style="float: right;">4/18/05 561-798-8484</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									