

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006605

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** J L MITCHELL FOUNDATION LEARNING CENTER

**Current Principal Place of Business:**

1001 AVENUE G  
FORT PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 AVENUE G  
FORT PIERCE, FL 34950 US

**New Mailing Address:**

**FEI Number:** 01-0817231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROLLE, SHANTENEKA  
1405 N 22ND ST  
FORT PIERCE, FL 34950 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: EXEC ( ) Delete  
Name: MOORE, CHERYL  
Address: 1703 13TH STREET  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: PRES ( ) Delete  
Name: MITCHELL, BARRY L SR  
Address: 715 N 10TH STREET  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VP ( ) Delete  
Name: JACKSON, LESA  
Address: 3207 HIBISCUS AVENUE  
City-St-Zip: FORT PIERCE, FL 34947 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANTENEKA ROLLE

SEC

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date