

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006605

FILED
May 01, 2009
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:

ROLLE, SHANTENEKA
1901 AVENUE O APT B
FORT PIERCE, FL 34950 US

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: SHANTENEKA ROLLE

05/01/2009

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 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: LESA JACKSON

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date