

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006941

FILED  
Jun 30, 2005  
Secretary of State

**Entity Name:** COMPUTER LEARNING CENTER OF LEHIGH ACRES INC.

**Current Principal Place of Business:**

5313 LEE ST  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

2201 SIXTH STREET EAST  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

5313 LEE ST  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

**FEI Number:** 61-1473376      **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:**

SPOONER, DARNLEY  
5313 LEE ST  
LEHIGH ACRES, FL 33971      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: SPOONER, DARNLEY  
Address: 5313 LEE ST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: DV      ( ) Delete  
Name: DOWNES, SR., BASIL  
Address: 318 3 AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: DT      ( ) Delete  
Name: GARNER, HENRY  
Address: 513 CORRIANE AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DS      ( ) Delete  
Name: ROCHESTER, ALMA  
Address: 1427 SCENIC ST  
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV      (X) Change ( ) Addition  
Name: DOWNES, SR., BASIL  
Address: 318 CLEVELAND AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

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: DARNLEY SPOONER

DP

06/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date