
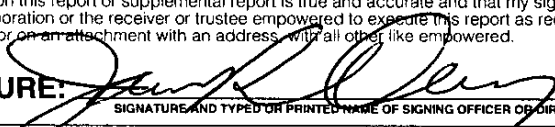


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90156 010 ****70.00

DOCUMENT # N04000011299 1. Entity Name THE CENTER FOR LIFELONG LEARNING, INC.					
Principal Place of Business 1170 MARTIN LUTHER KING, JR. BLVD. FORT WALTON BEACH, FL 32547				Mailing Address 1170 MARTIN LUTHER KING, JR. BLVD. FORT WALTON BEACH, FL 32547	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FISHER, J. MARK 148 MIRACLE STRIP PKWY, SE, STE. 2 FORT WALTON BEACH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP			TITLE	
NAME	YOUNGBLOOD, JACKIE <input type="checkbox"/> Delete			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13 CARL BRANDT DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579			CITY-ST-ZIP	
TITLE	DVP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, JAMES R. <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	300 WINDWARD COVE			STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578			CITY-ST-ZIP	
TITLE	DS			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUER, KAREN <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	7 MAGNOLIA AVE.			STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579			CITY-ST-ZIP	
TITLE	DT			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, SHANE <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	241 LINDBERG STREET			STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536			CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete			NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete			NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: 				JAMES R. CARNEY APR 15, 2005 <small>Date Daytime Phone #</small>	



02082005 Chg-NP CR2E037 (10/03)

4. FEI Number **42-1653729** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

SEE ATTACHED LIST

ATTACHMENT

4 N84000011299

Center for Lifelong Learning, Inc. Board of Directors

March 2005

40067341

P:	James R. Carney 300 Windward Cove Niceville, FL 32578	897-9477 jrcl1209@cox.net cell: 621-3177
1st V:	Barbara Smith 329 Eldredge Road Fort Walton Beach, FL 32547	862-5100 Jonesmd3@cox.net cell: 259-7642
2nd V:	Vacant	
S:	Karen Lauer 9 Magnolia Ave. Shalimar, FL 32579	651-3040 kdlauer@cox.net cell: 582-4676
T:	Shane Hutchinson 241 Lindberg St. Crestview, FL 32536	cell: 305-1187 shane.hutchinson@agedwards.com
D:	Jackie Youngblood 13 Carl Brandt Shalimar, FL 32579	609-0800 jackieyoungblood@cox.net cell: 499-9321
D:	Shirley Hibarger 47 Paradise Point Shalimar, FL 32579	651-9454 Hibarger@aol.com cell: 642-6559
D:	Betty Kentosh 601 Revere Avenue Fort Walton Beach, FL 32547	862-1486 bettykent31@aol.com
D:	Bob Garcia 1534 Glenlake Circle Niceville, FL 32578	897-3605 colonelgarcia@cox.net
D:	Richard Westberry 322 Deerfield Drive Destin, FL 32541	654-9139 rcwestberry@cox.net

ATTACHMENT #N04000011299

Center for Lifelong Learning, Inc. Board of Directors

March 2005

40067341

D:	Aaron Thrush 316 Sudduth Circle Fort Walton Beach, FL 32548	243-1768 amthrush@aol.com
D:	Virginia Peters 115 Windlake Ct. Niceville, FL 32578	897-2305 ginpete03@aol.com cell: 585-1820
D:	Lydia Weaver 45 Hemlock Drive Ft. Walton Beach, FL 32548-4750	244-4859
D:	Linda Long 829 Linda Drive Mary Esther, FL 32569	581-4444 Long1970@cox.net