


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000011299</b> 1. Entity Name <b>THE CENTER FOR LIFELONG LEARNING, INC.</b>	
---	---

Principal Place of Business <b>1170 MARTIN LUTHER KING, JR. BLVD. FORT WALTON BEACH, FL 32547</b>	Mailing Address <b>1170 MARTIN LUTHER KING, JR. BLVD. FORT WALTON BEACH, FL 32547</b>
--	--



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1653729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FISHER, J. MARK**  
**148 MIRACLE STRIP PKWY, SE, STE. 2**  
**FORT WALTON BEACH, FL 32548**

**DO NOT WRITE  
IN THIS SPACE**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGBLOOD, JACKIE 13 CARL BRANDT DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARNEY, JAMES R. 300 WINDWARD COVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAUER, KAREN 7 MAGNOLIA AVE. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUTCHINSON, SHANE 241 LINDBERG STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, BARBARA 329 ELDREDGE RD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIBARGER, SHIRLEY 47 PARADISE POINT SHALIMAR, FL 32579

000000389552  
01/20/06-80052-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** **JAN 10, 2006** (850) 863-6548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #