

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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**



01072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1653729

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000581377
01/10/07-80085-009 61.25

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

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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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. CARNEY 1/6/2007 850-897-9477

Date

Daytime Phone