
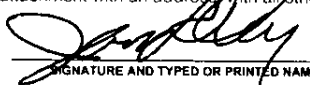


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 035 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1653729	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGBLOOD, JACKIE		NAME	SMITH, BARBARA	
STREET ADDRESS	13 CARL BRANDT DRIVE		STREET ADDRESS	329 ELDREDGE	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	P	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, JAMES R.		NAME	MARILYN KOSEK	
STREET ADDRESS	300 WINDWARD COVE		STREET ADDRESS	4133 CALLOWAY DR	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUER, KAREN		NAME	JAMES R. CARNEY	
STREET ADDRESS	7 MAGNOLIA AVE.		STREET ADDRESS	300 WINDWARD COVE	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DIRECT 1ST VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, SHANE		NAME	ARRAN THRUISH	
STREET ADDRESS	241 LINDBERG STREET		STREET ADDRESS	316 SUDDUTH CIR NE	
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	V	<input type="checkbox"/> Delete	TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BARBARA		NAME	DR BOB KITAHARA	
STREET ADDRESS	329 ELDREDGE RD		STREET ADDRESS	390 GARDNER	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBARGER, SHIRLEY		NAME	HIBARGER, SHIRLEY	
STREET ADDRESS	47 PARADISE POINT		STREET ADDRESS	47 PARADISE POINT	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	SHALIMAR, FL 32579	
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		1/18/2008 850-624-3177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	