2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N04000011299

Entity Name: THE CENTER FOR LIFELONG LEARNING, INC.

Current Principal Place of Business:

1170 MARTIN LUTHER KING, JR. BLVD.
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

1170 MARTIN LUTHER KING, JR. BLVD.
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 42-1653729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, J. MARK
148 MIRACLE STRIP PKWY, SE, STE. 2
FORT WALTON BEACH, FL 32548 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:	P	( ) Delete
Name:	SMITH, BARBARA	
Address:	329 ELDREDGE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	P	( ) Delete
Name:	CARNEY, JAMES R.	
Address:	300 WINDWARD COVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	T	( ) Delete
Name:	CARNEY, JAMES R	
Address:	300 WINDWARD COVE W	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	1VP	( ) Delete
Name:	THRUSH, AARON	
Address:	316 SUDDUTH CIR NE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	V	( ) Delete
Name:	SMITH, BARBARA	
Address:	329 ELDREDGE RD	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	D	( ) Delete
Name:	HIBARGER, SHIRLEY	
Address:	47 PARADISE POINT	
City-St-Zip:	SHALIMAR, FL 32579	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated 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 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: JAMES R. CARNEY DR 01/13/2009

Electronic Signature of Signing Officer or Director — Date