

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011281

FILED
Jul 11, 2007
Secretary of State

Entity Name: HERITAGE LEARNING CENTERS, INC.

Current Principal Place of Business:

3940 N. U.S. HWY 441
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

3940 N. U.S. HWY 441
OCALA, FL 34475

New Mailing Address:

FEI Number: 20-3784231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOFTON, FREDDIE
3940 N. U.S. HWY 441
OCALA, FL 34475 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: DP () Delete
Name: LOFTON, RUTH A
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: LOFTON, FREDDIE II
Address: 41 PECAN RUN COURSE
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: ANDERSON, TAFFEN L
Address: 2221 NE 40TH CT
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: LOFTON, JAZMIN D
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482

Title: DS () Delete
Name: LONON, CHERYL A
Address: 4411 NW 60TH ST
City-St-Zip: OCALA, FL 34482

Title: DVP () Delete
Name: LOFTON, FREDDIE H
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOFTON, FREDDIE II
Address: 39 PECAN RUN COURSE
City-St-Zip: OCALA, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: LOFTON, AERIN J
Address: 4411 NW 60TH ST
City-St-Zip: OCALA, FL 34482

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: RUTH A. LOFTON

DP

07/11/2007

Electronic Signature of Signing Officer or Director

Date