2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008
Secretary of State

DOCUMENT# N05000011281

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:

4411 NW 60TH ST
OCALA, FL 34482

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. HEY 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: 39 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: LOFTON, AERIN J
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: D (X) Change ( ) Addition
Name: FILER, JAZMIN D
Address: 5497 NW 53RD ST
City-St-Zip: OCALA, FL 34482

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: RUTH A. LOFTON D 06/02/2008
Electronic Signature of Signing Officer or Director — Date