2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011281

FILED May 05, 2011 Secretary of State

Entity Name: HERITAGE LEARNING CENTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

4411 NW 60TH ST OCALA, FL 34482

Current Mailing Address: New Mailing Address:

3940 N. U.S. HWY 441 4411 NW 60TH ST OCALA, FL 34475 OCALA, FL 34482

FEI Number: 20-3784231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LOFTON, FREDDIE
 LOFTON, FREDDIE

 3940 N. U.S. HEY 441
 5497 NW 53RD ST

 OCALA, FL 34475 US
 OCALA, FL 34482 US

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: 05/05/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP

Name: LOFTON, RUTH A Address: 5497 NW 53RD ST City-St-Zip: OCALA, FL 34482

Title: D

Name: LOFTON, FREDDIE II Address: 39 PECAN RUN COURSE City-St-Zip: OCALA, FL 34472

Title:

 Name:
 ANDERSON, TAFFEN L

 Address:
 2221 NE 40TH CT

 City-St-Zip:
 OCALA, FL 34470

Title: [

 Name:
 FILER, JAZMIN D

 Address:
 5497 NW 53RD ST

 City-St-Zip:
 OCALA, FL 34482

Title: DS

Name: LOFTON, AERIN J Address: 4411 NW 60TH ST City-St-Zip: OCALA, FL 34482

Title: DVP

 Name:
 LOFTON, FREDDIE H

 Address:
 5497 NW 53RD ST

 City-St-Zip:
 OCALA, FL 34482

I hereby 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 all other like empowered.

SIGNATURE: RUTH LOFTON DP 05/05/2011