

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008335

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE LEARNING CENTER OF KEY WEST, INC.

Current Principal Place of Business:

241 TRUMBO ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

241 TRUMBO ROAD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-5416637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, PAMELA
241 TRUMBO ROAD
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LOPEZ, PALMA
241 TRUMBO ROAD
KEY WEST, FL 33040 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: PALMA LOPEZ

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, PALMA
Address: 326 AMELIA ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: BLAYLOCK, VIRGINIA
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: PETERSON, ARLO
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: LEGGETT, JOAN
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: WALLACE, MELISSA
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CRESPO, DANNY
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

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: PALMA LOPEZ

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date