

# 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