

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

04-13-2007 90172 030 ****61.25

DOCUMENT # N06000010168 1. Entity Name INTERNATIONAL LEARNING CENTER OF JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business 1638 RIVERGATE TRAIL JACKSONVILLE FL 32223			Mailing Address 1638 RIVERGATE TRAIL JACKSONVILLE FL 32223		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 13-4346142			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARR, KIMBERLY A 1638 RIVERGATE TRAIL JACKSONVILLE FL 32223			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
			D Bob Pinder 3357 Red's Gait Jacksonville, FL 32257		
			D Kimberly A. Carr 1638 Rivergate Trail Jacksonville, FL 32223		
			T Jim Davis 12073 Cranefoot Dr. Jacksonville, FL 32223		
			S Carole Oglesby 1100 Celebration Ct. Jacksonville, FL 32257		
			D Brent Stake 10737 Golden Spire Ln. Jacksonville, FL 32257		
			D Rod Williams 4348 Barquero Ct. E. Jacksonville, FL 32217		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-30-07 904-716-2292 Date Daytime Phone #		