



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90012 032 ****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 # 8493 Baymeadows Way		3. Mailing Address 8493 Baymeadows Way		 01312008 Chg-NP CR2E037 (12/06)		
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4				
City & State Jacksonville, FL		City & State Jacksonville, FL				
Zip 32256	Country	Zip 32256	Country			
4. FEI Number 13-4346146				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D	NAME PINAER, BOB		<input type="checkbox"/> Delete	TITLE D	NAME Pinder, Robert	
STREET ADDRESS 3357 REDIS GAIT	JACKSONVILLE, FL 32257		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 3857 Red's Gait Ln.	Jacksonville, FL 32223	
CITY-ST-ZIP JACKSONVILLE, FL 32257			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Jacksonville, FL 32223		
TITLE D	NAME CARR, KIMBERLY A		<input type="checkbox"/> Delete	TITLE T	NAME Davis, Jim	
STREET ADDRESS 1638 RIVERGATE TR.	JACKSONVILLE, FL 32223		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 12073 Cranefoot Dr.	Jacksonville, FL 32223	
CITY-ST-ZIP JACKSONVILLE, FL 32223			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Jacksonville, FL 32223		
TITLE S	NAME OGLESBY, CAROLE		<input type="checkbox"/> Delete	TITLE D	NAME Stake, Brent	
STREET ADDRESS 1100 CELEBRATION CT.	JACKSONVILLE, FL 32257		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 10737 Golden Spike Ln.	Jacksonville, FL 32257	
CITY-ST-ZIP JACKSONVILLE, FL 32257			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Jacksonville, FL 32257		
TITLE D	NAME WILLIAMS, ROD		<input type="checkbox"/> Delete	TITLE D	NAME Williams, A.R.	
STREET ADDRESS 4348 BARQUERO CT. E.	JACKSONVILLE, FL 32217		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 4348 Barquero Ct. E.	Jacksonville, FL 32217	
CITY-ST-ZIP JACKSONVILLE, FL 32217			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Jacksonville, FL 32217		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			Robert E. Pinder		2/1/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		(904) 398-3911	
Daytime Phone #			_____			