

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012118

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: GREENVILLE MADISON LEARNING CENTER INC.

**Current Principal Place of Business:**

1376 SW GRAND ST.  
GREENVILLE, FL 32331

**New Principal Place of Business:**

**Current Mailing Address:**

971 STEEN RD.  
MONTICELLO, FL 32344

**New Mailing Address:**

FEI Number: 20-5732451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NORTON, OTIS  
971 STEEN RD  
MONTICELLO, FL 32344      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:      EXD      ( ) Delete  
Name:      NORTON, ESSIE  
Address:      971 STEEN RD  
City-St-Zip:      MONTICELLO, FL 32344

Title:      BM      ( ) Delete  
Name:      KNIGHT, LUCHANDRIA C  
Address:      800 BILL MCGILL RD.  
City-St-Zip:      HAVANA, FL 32333

Title:      BM      ( ) Delete  
Name:      GRIFFIN, DOROTHY  
Address:      286 SW SUMMERSET WAY  
City-St-Zip:      MADISON, FL 32340

Title:      BM      ( ) Delete  
Name:      CROSS WILKINS, DANIELLA F  
Address:      272 BRILEY CT.  
City-St-Zip:      TALLAHASSEE, FL 32305

**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:

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: OTIS NORTON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

EXD

04/11/2008

\_\_\_\_\_ Date