


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000001133		
1. Entity Name FLORIDALEARNS FOUNDATION, INC.		

FILED
08 SEP 15 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 753 WEST BOULEVARD CHIPLEY, FL 32428	Mailing Address 753 WEST BOULEVARD CHIPLEY, FL 32428
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 243	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Chipley, FL	
Zip	Country	Zip	Country
		32428	USA

09092008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-3307377	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDANIEL, PATRICK L 753 WEST BOULEVARD CHIPLEY, FL 32428		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.	
<div style="text-align: right;"> 800136105818 09/18/08--01047--004 **61.25 </div>	
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by September 12, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, TONY 1019 NW LAKE MYSTIC BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, TONY (change in title and address #) 10109 NW LAKE MYSTIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERITT, RICK 2925 BONNETT POND ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YONGUE, FAYE 789 DOGWOOD LANE CHIPLEY, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, PATRICK 2489 RIVER ROAD SNEADS, FL 32460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEOLA SAUSMAN 2582 CLAYTON ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLER, PAULA 1594 SOUTH BOULEVARD CHIPLEY, FL 32428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, SHARON 149 BOSWELL RD BONIFAY, 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, SHARON (change in title and correction in last name spelling) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, NEAL 2812 WHITTINGTON DR TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEADOWS, NEAL (change in title) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>NEAL MEADOWS, PRESIDENT</u>	Date: <u>9/11/08</u> Daytime Phone #: <u>850-414-6181</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	