

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001133

FILED
Aug 28, 2009
Secretary of State

Entity Name: FLORIDALEARNS FOUNDATION, INC.

Current Principal Place of Business:

753 WEST BOULEVARD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 243
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 26-3307377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCDANIEL, PATRICK L
753 WEST BOULEVARD
CHIPLEY, FL 32428 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ANDERSON, TONY
Address: 10109 NW LAKE MYSTIC
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: EVERITT, RICK
Address: 2925 BONNETT POND ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: MCDANIEL, PATRICK
Address: 2489 RIVER ROAD
City-St-Zip: SNEADS, FL 32460

Title: D () Delete
Name: WALLER, PAULA
Address: 1594 SOUTH BOULEVARD
City-St-Zip: CHIPLEY, FL 32428

Title: T () Delete
Name: MITCHELL, SHARON
Address: 149 BOSWELL RD
City-St-Zip: BONIFAY, 32428

Title: P () Delete
Name: MEADOWS, NEAL
Address: 2812 WHITTINGTON DR
City-St-Zip: TALLAHASSEE, FL 32309

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: S (X) Change () Addition
Name: BROCK, LEOLA
Address: 1788 WHITE ROAD
City-St-Zip: BONIFAY, FL 32325

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: NEAL MEADOWS

P

08/28/2009

Electronic Signature of Signing Officer or Director

Date