2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

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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)**

Name and Address of Current Registered Agent:

MCDANIEL, PATRICK L
753 WEST BOULEVARD
CHIPLEY, FL 32428 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: V
Name: ANDERSON, TONY
Address: 10109 NW LAKE MYSTIC
City-St-Zip: BRISTOL, FL 32321

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

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

Title: S
Name: BROCK, LEOLA
Address: 1788 WHITE ROAD
City-St-Zip: BONIFAY, FL 32325

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

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

I hereby 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 all other like empowered.

SIGNATURE: NEAL MEADOWS P 04/22/2011

Electronic Signature of Signing Officer or Director — Date