

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009933

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** TERRASI LEARNING CENTER INC.

**Current Principal Place of Business:**

965 PONDELLA RD  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

965 PONDELLA RD  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 26-1199993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TERRASI, RENEE M DR  
433 GLEASON PARKWAY  
CAPE CORAL, FL 33914 US

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

DEMAREST, TRACEY L  
3822 SE 3RD AVE  
CAPE CORAL, FL 33904 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: TRACEY L DEMAREST

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TERRASI, RENEE M DR.  
Address: 3822 SE 3RD AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP  
Name: DEMAREST, TRACEY L  
Address: 3822 SE 3RD AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: S  
Name: TERRASI, ROBERT R  
Address: 1508 SW 47TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: T  
Name: WOODHALL, CLIFF  
Address: 1508 SW 47TH ST  
City-St-Zip: CAPE CORAL, FL 33914

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: TRACEY L DEMAREST

VP

02/22/2011

Electronic Signature of Signing Officer or Director

Date