

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009297

FILED
Apr 28, 2011
Secretary of State

Entity Name: THE HEIGHTS TUTORING CENTER, INC.

Current Principal Place of Business:

2401 NORTH PARTIN DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

2401 NORTH PARTIN DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 27-0785228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLARD, MARIBETH A
2401 NORTH PARTIN DRIVE
NICEVILLE, FL 32578 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: D
Name: COLE, JIM
Address: 528 GOLF COURSE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: OLSON, CAREY PASTOR
Address: 4120 CALLAWAY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: TD
Name: THURWANGER, LINDA
Address: 1251 NAN PLACE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: SD
Name: SPEEGLE, PAT
Address: 995 SIXTEENTH GREEN COVE
City-St-Zip: NICEVILLE, FL 32578

Title: EXD
Name: FULLER, SARAH
Address: 141 MENZEL STREET
City-St-Zip: VALPARAISO, FL 32580

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: MARIBETH WOLLARD

RA

04/28/2011

Electronic Signature of Signing Officer or Director

Date