

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32199** (4)
1. Corporation Name
DIXIELAND LEARNING CENTER, INC.



Principal Place of Business: 404 W BELMAR STREET, PO BOX 2133, LAKELAND FL 33806-2133, US
Mailing Address: 404 W BELMAR STREET, PO BOX 2133, LAKELAND FL 33806-2133, US

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 59-2948584
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PEARSON, GARY, 1603 SOUTH UNITAH AVENUE, LAKELAND FL 33803
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	ARRINGTON, KAY 2774 GALE ROSE DR. LAKELAND FL	1.1 TITLE: STD	ARRINGTON, KAY
NAME: ARRINGTON, KAY		1.2 NAME: ARRINGTON, KAY	
STREET ADDRESS: 2774 GALE ROSE DR.		1.3 STREET ADDRESS: 1128 DRIGGERS ROAD	
CITY-ST-ZIP: LAKELAND FL		1.4 CITY-ST-ZIP: LAKE LAND FL 33809	
TITLE: D	IMES, HOWARD 609 CAREY PLACE LAKELAND FL	2.1 TITLE: D	IMES, HOWARD
NAME: IMES, HOWARD		2.2 NAME: IMES, HOWARD	
STREET ADDRESS: 609 CAREY PLACE		2.3 STREET ADDRESS: 609 CAREY PLACE	
CITY-ST-ZIP: LAKELAND FL		2.4 CITY-ST-ZIP: LAKELAND FL 33803	
TITLE: PD	HUDSON, PHILIP 3832 WOODBURN LOOP EAST LAKELAND FL	3.1 TITLE: PD	HUDSON, PHILIP
NAME: HUDSON, PHILIP		3.2 NAME: HUDSON, PHILIP	
STREET ADDRESS: 3832 WOODBURN LOOP EAST		3.3 STREET ADDRESS: 3832 WOODBURN LOOP EAST	
CITY-ST-ZIP: LAKELAND FL		3.4 CITY-ST-ZIP: LAKELAND FL 33813	
TITLE: D	KEEBLES, ERNEST 548 BELMAR ST. LAKELAND FL	4.1 TITLE: D	KEEBLES, ERNEST
NAME: KEEBLES, ERNEST		4.2 NAME: KEEBLES, ERNEST	
STREET ADDRESS: 548 BELMAR ST.		4.3 STREET ADDRESS: 548 BELMAR ST.	
CITY-ST-ZIP: LAKELAND FL		4.4 CITY-ST-ZIP: LAKELAND FL 33803	
TITLE: [] DELETE		5.1 TITLE: [] DELETE	
NAME: [] DELETE		5.2 NAME: [] DELETE	
STREET ADDRESS: [] DELETE		5.3 STREET ADDRESS: [] DELETE	
CITY-ST-ZIP: [] DELETE		5.4 CITY-ST-ZIP: [] DELETE	
TITLE: [] DELETE		6.1 TITLE: [] DELETE	
NAME: [] DELETE		6.2 NAME: [] DELETE	
STREET ADDRESS: [] DELETE		6.3 STREET ADDRESS: [] DELETE	
CITY-ST-ZIP: [] DELETE		6.4 CITY-ST-ZIP: [] DELETE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 3/20/96 Daytime Phone: 941 644-6814

CR2E037 (12/95)