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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

404 W BELMAR STREET  
PO BOX 2133  
LAKELAND FL 33806-2133  
US

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  
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2948584

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

10. Name and Address of New Registered Agent

PEARSON, GARY  
1603 SOUTH UNITAH AVENUE  
LAKELAND FL 33803

81 Name David Arrington  
82 Street Address (P.O. Box Number is Not Acceptable)  
1128 Driggers Rd  
83 Lakeland  
84 City

FL 85 Zip Code 33809

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 *David Arrington*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DAVID ARRINGTON

4-19-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD  
NAME ARRINGTON, KAY  
STREET ADDRESS 1128 DRIGGERS ROAD  
CITY-ST-ZIP LAKE LAND FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME IMES, HOWARD  
STREET ADDRESS 609 CAREY PLACE  
CITY-ST-ZIP LAKELAND FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  
NAME HUDSON, PHILIP  
STREET ADDRESS 3832 WOODBURN LOOP EAST  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME KEEBLES, ERNEST  
STREET ADDRESS 548 BELMAR ST.  
CITY-ST-ZIP LAKELAND FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *David Arrington*

*David Arrington*

CR2E037 (9/96)