

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34958**

1. Entity Name  
**BELLEVUE PLAYLAND LEARNING CENTER, INC.**



Principal Place of Business  
**% MARY A. HERBERT  
7300 SE COUNTY HWY C-25  
BELLEVUE, FL 32620**

Mailing Address  
**% MARY A. HERBERT  
7300 SE COUNTY HWY C-25  
BELLEVUE, FL 32620**



01052004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2972953**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HERBERT, MARY A.  
7300 SE COUNTY HWY.  
C-25  
BELLEVUE, FL 32620**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HERBERT, ROBERT E., JR.  
1865 SW 40TH PL  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HERBERT, MARY A.  
1865 SW 40TH PL  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BALL, JANICE  
3320 NE 45 ST  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000003864  
01/14/04-80005-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Mary A. Herbert **MARY A. HERBERT** 1/12/04 (352) 245-0339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #