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APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

55 MAY 16 AM 8:38

DOCUMENT # N36525

(6)

1. Corporation Name

PARTNERSHIP FOR LEARNING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1990
3a. Date of Last Report 10/05/1994

4. FEI Number 59-2897886
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business 901 VA AVE
ST. CLOUD FL 34769

Mailing Address 901 VA AVE
ST. CLOUD FL 34769

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

FOUST, KATHLEEN
17 S ORLANDO AVE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME POWELL, MARY LEE
STREET ADDRESS 408 GEORGIA AVE.
CITY-ST-ZIP ST. CLOUD FL

TITLE D
NAME GHEN, JOSEPHINE
STREET ADDRESS 784 FRANCHIS ST
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE VD
NAME REDDICK, ALZO J
STREET ADDRESS 725-C S GOLDWYN AVE
CITY-ST-ZIP ORLANDO FL 32805-4099

TITLE DT
NAME MANLEY, ANN
STREET ADDRESS PO BOX 3753 N/A
CITY-ST-ZIP ORLANDO FL 32802

TITLE DWM
NAME PALMER, DEAN, MARY
STREET ADDRESS COLLEGE OF ED, UCF, ED-328
CITY-ST-ZIP ORLANDO FL 32816-1092

TITLE DPR
NAME CRYTZER, BETTY
STREET ADDRESS 822 MIMOSA DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32712

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Lee Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95

Date

407-870-5878

Telephone Number