

# 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 # **N36525** (6)

1. Corporation Name

**PARTNERSHIP FOR LEARNING, INC.**



Principal Place of Business

**901 VA AVE  
ST. CLOUD FL 34769**

Mailing Address

**901 VA AVE  
ST. CLOUD FL 34769**

3. Date Incorporated or Qualified  
**02/02/1990**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2897886**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

24

25

29

30

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

**FOUST, KATHLEEN  
17 S ORLANDO AVE  
KISSIMMEE FL 34741**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

☐ DELETE

NAME

**POWELL, MARY LEE**

STREET ADDRESS

**408 GEORGIA AVE.**

CITY - ST - ZIP

**ST. CLOUD FL**

TITLE

**D**

☐ DELETE

NAME

**TAYLOR, ROSE DR**

STREET ADDRESS

**445 W AMELIA ST**

CITY - ST - ZIP

**ORLANDO FL**

TITLE

**VD**

☐ DELETE

NAME

**REDDICK, ALZO J**

STREET ADDRESS

**725-C S GOLDWYN AVE**

CITY - ST - ZIP

**ORLANDO FL 32805-4099**

TITLE

**DT**

☒ DELETE

NAME

**MANLEY, ANN**

STREET ADDRESS

**PO BOX 3753 N/A**

CITY - ST - ZIP

**ORLANDO FL 32802**

TITLE

**DWM**

☒ DELETE

NAME

**PALMER, DEAN, MARY**

STREET ADDRESS

**COLLEGE OF ED, UCF, ED-328**

CITY - ST - ZIP

**ORLANDO FL 32816-1992**

TITLE

**DPR**

☐ DELETE

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 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:

*Mary Lee Powell*

3-30-96

(407) 892-3728

CR2E037 (12/95)