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Sep 03 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 # 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 04/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

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 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 Kathleen M. Foust 3-25-97  
(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	OPR	DELETE
NAME	CRYTZER, BETTY	
STREET ADDRESS	822 MIMOSA DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32712	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	Change	Addition
1.2 NAME	NEWMART, DAVID G		
1.3 STREET ADDRESS	2632 Talon Ct		
1.4 CITY-ST-ZIP	ORLANDO FL 32837		
2.1 TITLE	D	Change	Addition
2.2 NAME	Lux, Eldon		
2.3 STREET ADDRESS	1450 Lake Marion Rd		
2.4 CITY-ST-ZIP	Kenansville, FL 34739		
3.1 TITLE	DS	Change	Addition
3.2 NAME	Johnson, Peggy		
3.3 STREET ADDRESS	1200 Pine Ln.		
3.4 CITY-ST-ZIP	St. Cloud, FL 34769		
4.1 TITLE	D	Change	Addition
4.2 NAME	Boggs, Pam		
4.3 STREET ADDRESS	604 Jay St.		
4.4 CITY-ST-ZIP	Ocoee, FL 34761		
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 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.

CR2E037 (9/96)