

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/02/1990	
4. FEI Number 59-2897886	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD POWELL, MARY LEE
STREET ADDRESS	408 GEORGIA AVE.
CITY-ST-ZIP	ST. CLOUD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D TAYLOR, ROSE DR
STREET ADDRESS	445 W AMELIA ST
CITY-ST-ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD REDDICK, ALZO J
STREET ADDRESS	725-C S GOLDWYN AVE
CITY-ST-ZIP	ORLANDO FL 32805-4099
TITLE	<input type="checkbox"/> DELETE
NAME	DT NEWHART, DAVID G
STREET ADDRESS	2632 TALON CT
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	DS JOHNSON, PEGGY
STREET ADDRESS	1200 PINE LN
CITY-ST-ZIP	ST CLOUD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BOGGS, PAM
STREET ADDRESS	604 JAY ST
CITY-ST-ZIP	OCOE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry Ellis
2.3 STREET ADDRESS	151 N. Orlando Ave #151
2.4 CITY-ST-ZIP	Winter Park, FL 32789
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Matilda M. Berghorn
3.3 STREET ADDRESS	2632 Talon Ct
3.4 CITY-ST-ZIP	Orlando, FL 32831
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Howard Larsen
6.3 STREET ADDRESS	714 Woodward St
6.4 CITY-ST-ZIP	Orlando, FL 32803

14. 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 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 H. Larsen 4/28/98 4078598200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071111

CR2E037 (10/97)