

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 049 ****61.25

DOCUMENT # **N36525**

1. Corporation Name

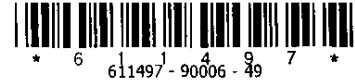
PARTNERSHIP FOR LEARNING, INC.

Principal Place of Business

901 VA AVE
ST. CLOUD FL 34769

Mailing Address

901 VA AVE
ST. CLOUD FL 34769



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/02/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2897886	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MARY LEE	1.2 NAME	
STREET ADDRESS	408 GEORGIA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, LARRY	2.2 NAME	
STREET ADDRESS	151 N ORLANDO AVENUE #151	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 3278	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGHORN, MATILDA M	3.2 NAME	Newhart, Matilda M.
STREET ADDRESS	2632 TALON COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHART, DAVID G	4.2 NAME	
STREET ADDRESS	2632 TALON CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PEGGY	5.2 NAME	
STREET ADDRESS	1200 PINE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, HOWARD	6.2 NAME	
STREET ADDRESS	714 WOODWARD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Mary Lee Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-99 (407) 891-3140 School

CR2E037 (5/99)

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