

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90002 004 ***280.00

DOCUMENT # N37077

1. Entity Name
THREE - H LEARNING CENTER, INC.



Principal Place of Business
**36546 THORNHAVEN LANE
DADE CITY, FL 33523 US**

Mailing Address
**36546 THORNHAVEN LANE
DADE CITY, FL 33523 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0193322

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLOM, BARTOLOME
36424 FLORRIE MAE LANE
DADE CITY, FL 33523**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COLOM, BARTOLOME**
STREET ADDRESS **36424 FLORRIE MAE LANE**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **COLOM, ROSA**
STREET ADDRESS **36424 FLORRIE MAE LANE**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **ESPARZA, LOURDES**
STREET ADDRESS **36432 FLORRIE MAE LAND**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **PALANCO, ROSA**
STREET ADDRESS **15873 SW 150 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **D** ☐ Delete
NAME **PAULA, JUAN**
STREET ADDRESS **18573 SW 150 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **S** ☐ Delete
NAME **BLACKMON, TERRY L**
STREET ADDRESS **5746 LOMA VISTA DR W**
CITY-ST-ZIP **DAVENPORT, FL 33896**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **BART COLOM JR**
STREET ADDRESS **1000 CUT OFF BRANCH**
CITY-ST-ZIP **QUIEDO FL 32765**

TITLE **UP** ☐ Change ☒ Addition
NAME **BANDON NORTON**
STREET ADDRESS **17320 LINDA VISTA CIRCLE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Change ☒ Addition
NAME **AIDA NORTON**
STREET ADDRESS **17320 LINDA VISTA CIRCLE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Change ☒ Addition
NAME **MURRAYMA ORTIZ**
STREET ADDRESS **159 CYPRESS VIEW LANE**
CITY-ST-ZIP **GROVELAND FL 34746**

TITLE **D** ☐ Change ☒ Addition
NAME **HECTOR VAZQUEZ**
STREET ADDRESS **159 CYPRESS VIEW LANE**
CITY-ST-ZIP **GROVELAND FL 34746**

TITLE **D** ☐ Change ☒ Addition
NAME **DANIEL ACEVEDO**
STREET ADDRESS **8334 PADDLEWHEEL ST**
CITY-ST-ZIP **TAMPA FL 33637**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

1/7/04 352-523-2078