

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90068 023 ****70.00

DOCUMENT # N37077

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



Principal Place of Business
**37918 UTILITY WAY
DADE CITY, FL 33523 US**

Mailing Address
**37918 UTILITY WAY
DADE CITY, FL 33523 US**

40104278



2. Principal Place of Business - No P.O. Box #
37918 VITALITY WAY

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-NP CR2E037 (12/06)

City & State

DADE CITY, FL

City & State

4. FEI Number
65-0193322

Applied For

Not Applicable

Zip

33523

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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

TITLE D
NAME ESPERANZA, LOURDES ☐ Delete
STREET ADDRESS 36432 FLORRIE MAE LANE
CITY-ST-ZIP DADE CITY, FL 33523

TITLE D
NAME NORTON, AIDA ☐ Delete
STREET ADDRESS 317 WHITAKER RD
CITY-ST-ZIP TAMPA, FL 33549

TITLE T
NAME CULOM, BART JR ☐ Delete
STREET ADDRESS 1000 CUT OFF BRANCH
CITY-ST-ZIP OVIEDO, FL 32765

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 P ☐ Change ☒ Addition
NAME BRENDAN NORTON
STREET ADDRESS 317 WHITAKER ROAD
CITY-ST-ZIP LUTZ, FL 33549

TITLE D ☐ Change ☒ Addition
NAME AHMAD NAWAB
STREET ADDRESS 7229 17th COURT NE
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE D ☒ Change ☐ Addition
NAME ESPARZA, LOURDES
STREET ADDRESS 36432 FLORRIE MAE LANE
CITY-ST-ZIP DADE CITY, FL 33523

TITLE D ☒ Change ☐ Addition
NAME POLANCO, AIDA
STREET ADDRESS 317 WHITAKER ROAD
CITY-ST-ZIP LUTZ, FL 33549

TITLE D ☒ Change ☐ Addition
NAME COLOM, BART JR
STREET ADDRESS 2319 CARNATION HILL CT.
CITY-ST-ZIP ORLANDO, FL 32820

TITLE S ☐ Change ☒ Addition
NAME JUAN PAULA
STREET ADDRESS 15873 SW 150 TERRACE
CITY-ST-ZIP MIAMI, FL 33196

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

Rosa H. Colom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

352-523-2078

Daytime Phone #