FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 JAN 27 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45925 (7)

1. Corporation Name
SINGLE MOTHERS IN A LEARNING ENVIRONMENT, INC.

Principal Place of Business	Mailing Address
52 EAST MAIN STREET APOPKA FL 32703-5256	52 EAST MAIN STREET APOPKA FL 32703-5256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1991
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-3118405 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SIMS, DEBORAH
52 EAST MAIN STREET
APOPKA FL
32703

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CATHY MOORE	1.2 NAME	
STREET ADDRESS	22 E ALBATROSS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPLA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	COLEMAN, LAVORA	2.2 NAME	Vanada Logan
STREET ADDRESS	1172 LAMBING LANE	2.3 STREET ADDRESS	445 Plymouth Rock Pl
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	SD	3.1 TITLE	☐ Change ☒ Addition
NAME	FRANCOIS, MARIE	3.2 NAME	Felecia Hammock
STREET ADDRESS	2503 EAST BROOK BLVD.	3.3 STREET ADDRESS	1632 Cimmaron Hills
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	LOGAN, VARNADA	4.2 NAME	Marie Francois
STREET ADDRESS	445 PLYMOUTH ROCK PL	4.3 STREET ADDRESS	2503 East Brook Blvd.
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	SARA HAMMOCK	5.2 NAME	
STREET ADDRESS	351 FUDGE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	See 1-30-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Deborah Sims / Deborah Sims / Director 1/23/95 407-889-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002087