


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90052 032 \*\*\*\*61.25

0012636

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N45925**

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

Principal Place of Business 54 E MAIN ST APOPKA FL 32703-5256 US	Mailing Address 52 EAST MAIN STREET APOPKA FL 32703-5256
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/07/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3118405
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  SIMS, DEBORAH 54 EAST MAIN STREET APOPKA FL	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 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 \_\_\_\_\_ 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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	OP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, GLORIA	1.2 NAME	Cynthia Rollins
STREET ADDRESS	32-C GRANDVIEW CIR	1.3 STREET ADDRESS	1777 Saddleback Ridge
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPPENS, ROSEMARY	2.2 NAME	Rose Mary Collier
STREET ADDRESS	1594 CANFIELD TERR	2.3 STREET ADDRESS	8945 North Lake Orl. Pkway
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNS, BRENDA	3.2 NAME	gloria McGarvin
STREET ADDRESS	5575 COLLIN GREER DR	3.3 STREET ADDRESS	473 Plymouth Rock Place
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, ANGELA	4.2 NAME	dinda dec
STREET ADDRESS	406 W 13TH ST	4.3 STREET ADDRESS	24 E 15th street
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVES, JACQUELINE	5.2 NAME	Marchel McNeil
STREET ADDRESS	7591 GROVE OAK DR	5.3 STREET ADDRESS	P.O. Box 4013
CITY-ST-ZIP	ORLANDO FL 32810	5.4 CITY-ST-ZIP	Apopka, FL 32704-4013
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WOODSON, MYLITZA	6.2 NAME	
STREET ADDRESS	2905 BERMUDA AVE S	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)