


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris 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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3118405	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMS, DEBORAH 54 EAST MAIN STREET APOPKA FL				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	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<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	DV	<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 McGavin		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODSON, MYLTZA			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)