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

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47467** **(8)**

1. Corporation Name

LEARNING SKILLS CENTER, INC.

Principal Place of Business	Mailing Address
5000 W MOBILE HWY PENSACOLA FL 32506	5000 W MOBILE HWY PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/17/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3106427** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

KRUCKE, HERMINA
3479 MAIKAI DRIVE
PENSACOLA FL 32526

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 the 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	TD	11 TITLE	☐ Change ☐ Addition
NAME	SANDFORT, SCOTT	12 NAME	
STREET ADDRESS	401 INTENDENCIA ST	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	MD	21 TITLE	☐ Change ☐ Addition
NAME	KRUCKE, HERMINA	22 NAME	
STREET ADDRESS	3479 MAIKAI DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HOLMES, JAMES R.	32 NAME	
STREET ADDRESS	2159 CLIFFBROOK AVE	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	34 CITY-ST-ZIP	
TITLE	VSD	41 TITLE	☐ Change ☐ Addition
NAME	FILLINGIM, RON	42 NAME	
STREET ADDRESS	3202 SWAN LANE	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	MD	51 TITLE	☐ Change ☐ Addition
NAME	BLACK, REBECCA	52 NAME	
STREET ADDRESS	6712 CHELSEA ST	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE	MD	61 TITLE	☐ Change ☐ Addition
NAME	BYRD, JIM	62 NAME	
STREET ADDRESS	7732 CHESTERFIELD RD	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	

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: Hermina Krucke 5/01/95 904-457-1627

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

607113A