SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47759** **(8)**

1. Corporation Name

THE LEARNING CONNECTION OF NAPLES, INC.

Principal Place of Business	Mailing Address
5051 CASTELLO DR STE 1, CASTELLO SQUARE NAPLES FL 33940 US	5051 CASTELLO DR STE 1, CASTELLO SQUARE NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0344281 ☐ 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 ☒ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHMID, ROBERTA PH.D.
700 ELEVENTH STREET SOUTH
SUITE 203
NAPLES FL 33940

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	SD	11 TITLE		☒ Change ☐ Addition
NAME	HUBSCHMAN, SUSAN	12 NAME	ASHBROOK, SUSAN	
STREET ADDRESS	649 CARICA ROAD	13 STREET ADDRESS	4742 SHEARWATER	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	NAPLES, FL	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	JACOBS, LEE	22 NAME	KRENN, RICHARD	
STREET ADDRESS	2378 GULFSHORE DRIVE	23 STREET ADDRESS	170 TURTLE LAKE COURT	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	MORAN, THOMAS	32 NAME		
STREET ADDRESS	5186 SEASHELL	33 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☒ Change ☐ Addition
NAME	LAMBERSON-HENDRICKS , JANE	42 NAME	LAMBERSON, JANE E.	
STREET ADDRESS	4501 N TAMIAMI TR #204	43 STREET ADDRESS	4501 NO. TAMIAMI TRAIL, #204	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	NAPLES, FL	
TITLE		51 TITLE	D	☒ Change ☐ Addition
NAME		52 NAME	JACOBS, LEE	
STREET ADDRESS		53 STREET ADDRESS	2378 GULF SHORE DRIVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	NAPLES, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

SIGNATURE: JANE E. LAMBERSON Jane E. Lamberson Treasurer 7/24/95 (814) 262-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014029