

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 2590 Golden Gate Parkway

26 2590 Golden Gate Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 110

27 Suite 110

City & State

City & State

23 Naples, Florida

28 Naples, Florida

Zip

Country

Zip

Country

24 33942

25 Collier

29 33942

30 Collier

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Roberta Schmid, PhD

82 Street Address (P.O. Box Number is Not Acceptable)

2590 Golden Gate Parkway, Suite 110

83

84 City

Naples

FL

85 Zip Code

33942

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 SD
NAME ASHBROOK, SUSAN
STREET ADDRESS 4742 SHEARWATER
CITY-ST-ZIP NAPLES FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME KRENN, RICHARD
STREET ADDRESS 170 TURTLE LAKE COURT
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DELETE

☒ Change ☐ Addition

TITLE PD
NAME MORAN, THOMAS
STREET ADDRESS 5186 SEASHELL
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME LAMBERSON, JANE E
STREET ADDRESS 4501 NO. TAMiami TRAIL, #204
CITY-ST-ZIP NAPLES FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JACOBS, LEE
STREET ADDRESS 2378 GULF SHORE DRIVE
CITY-ST-ZIP NAPLES FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

VD

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VD
HOWARD G. WORTHY, III
975 SIXTH AVENUE, SO.
NAPLES, FL 33939

☐ Change ☒ Addition

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:

Jane E. Lamberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)