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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

2590 GOLDEN GATE PKWY
STE 110
NAPLES FL 33942
US

Mailing Address

2590 GOLDEN GATE PKWY
STE 110
NAPLES FL 34105-3261
US3. Date Incorporated or Qualified
03/09/19923a. Date of Last Report
03/06/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 34105-3261

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 34105-3261

Country

4. FEI Number

65-0344281

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMID, ROBERTA PH.D.
2590 GOLDEN GATE PKWY, STE 110
NAPLES FL 33942

81 Name

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

83

84 City

FL 85 Zip Code
34105-3261

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 ☐ DELETETITLE VD
NAME WORTHY, HOWARD G. III
STREET ADDRESS 975 SIXTH AVE, S
CITY-ST-ZIP NAPLES FL ☐ DELETETITLE PD
NAME MORAN, THOMAS
STREET ADDRESS 5186 SEASHELL
CITY-ST-ZIP NAPLES FL ☒ DELETETITLE TD
NAME LAMBERSON, JANE E
STREET ADDRESS 4501 NO. TAMiami TRAIL, #204
CITY-ST-ZIP NAPLES FL ☒ DELETETITLE VD
NAME JACOBS, LEE
STREET ADDRESS 2378 GULF SHORE DRIVE
CITY-ST-ZIP NAPLES FL ☐ DELETETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE VD
1.2 NAME Ashbrook, Susan
1.3 STREET ADDRESS 288 Burning Tree Drive
1.4 CITY-ST-ZIP Naples, FL 34105 ☒ Change ☐ Addition2.1 TITLE VD
2.2 NAME Worthy, Howard G., III
2.3 STREET ADDRESS 975 Sixth Avenue, S.
2.4 CITY-ST-ZIP Naples, FL 34102 ☒ Change ☐ Addition3.1 TITLE PD
3.2 NAME Swope, Richard L.
3.3 STREET ADDRESS 4501 Tamiami Trail, N., #204
3.4 CITY-ST-ZIP Naples, FL 34103 ☐ Change ☒ Addition4.1 TITLE TD
4.2 NAME Giles, Jodi
4.3 STREET ADDRESS 4501 Tamiami Trail, N., #204
4.4 CITY-ST-ZIP Naples, FL 34103 ☐ Change ☒ Addition5.1 TITLE SD
5.2 NAME Jacobs, Lee
5.3 STREET ADDRESS 508 Devils Lane
5.4 CITY-ST-ZIP Naples, FL 34103 ☒ Change ☐ Addition6.1 TITLE D
6.2 NAME Schmid, Roberta L.
6.3 STREET ADDRESS 2590 Golden Gate Pkwy, Ste. #110
6.4 CITY-ST-ZIP Naples, FL 34105-3261 ☐ Change ☒ Addition

14. I do 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.

SIGNATURE:

Jodi L. Giles, Treasurer, 2-13-97 941-262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059486

CR2E037 (9/96)