

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47759** (8)

1. Corporation Name

**THE LEARNING CONNECTION OF NAPLES, INC.**

Principal Place of Business

Mailing Address

**2590 GOLDEN GATE PKWY  
STE 110  
NAPLES FL 34105-261  
US**

**2590 GOLDEN GATE PKWY  
STE 110  
NAPLES FL 33942  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

34105-3261

34105-3261

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/09/1992**

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

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

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

TITLE **VD** ☒ DELETE  
NAME **ASHBROOK, SUSAN**  
STREET ADDRESS **288 BURNING TREE DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☒ DELETE  
NAME **WORTHY, HOWARD G. III**  
STREET ADDRESS **975 SIXTH AVE, S**  
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** ☐ DELETE  
NAME **SWOPE, RICHARD L**  
STREET ADDRESS **4501 TAMiami TRAIL N, #204**  
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☒ DELETE  
NAME **GILES, JODI**  
STREET ADDRESS **4501 TAMiami TRAIL N, #204**  
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☒ DELETE  
NAME **JACOBS, LEE**  
STREET ADDRESS **508 DEVILS LN**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE  
NAME **SCHMID, ROBERTA L**  
STREET ADDRESS **2590 GOLDEN GATE PKWY STE #110**  
CITY-ST-ZIP **NAPLES FL 01**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **WILLIAM A. GRAUEL**  
1.3 STREET ADDRESS **765 FIFTH AVENUE, SO.**  
1.4 CITY-ST-ZIP **NAPLES, FL 34102**

2.1 TITLE **VD** ☐ Change ☒ Addition  
2.2 NAME **THOMAS LONGE**  
2.3 STREET ADDRESS **850 PARK SHORE DRIVE, #200**  
2.4 CITY-ST-ZIP **NAPLES, FL 34103**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **RICHARD L. SWOPE**  
3.3 STREET ADDRESS **4501 TAMiami TRAIL, NO., #204**  
3.4 CITY-ST-ZIP **NAPLES, FL 34103**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **RICHARD BENNETT**  
4.3 STREET ADDRESS **3033 RIVIERA DRIVE, #201**  
4.4 CITY-ST-ZIP **NAPLES, FL 34103**

5.1 TITLE **TD** ☐ Change ☒ Addition  
5.2 NAME **BEVERLY GIFFORD**  
5.3 STREET ADDRESS **3811 FT. CHARLES DRIVE**  
5.4 CITY-ST-ZIP **NAPLES, FL 34102**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 in a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/98

Date

Daytime Phone # 0081491

CR2037 (10/97)