

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47759

1. Corporation Name

THE LEARNING CONNECTION OF NAPLES, INC.

Principal Place of Business

279 AIRPORT ROAD SOUTH  
NAPLES FL 34104  
US

Mailing Address

2590 GOLDEN GATE PKWY  
STE 110  
NAPLES FL 33942

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 279 Airport Road South

27 Suite, Apt. #, etc.

28 City & State

29 Naples, Florida

30 Zip

31 34104

32 Country

33 US

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90289 004 \*\*\*\*61.25

0063800

\* 3 6 8 7 8 5 \*  
368785 - 90289 - 4 5 \*



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

\$5.00 May Be Added to Fees

Trust Fund Contribution

10. Name and Address of New Registered Agent

81 Name Beverly Hiltabiddle  
82 Street Address (P.O. Box Number is Not Acceptable)  
279 Airport Road So.  
83 Naples  
84 City Naples FL 85 Zip Code 34104

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 *Beverly Hiltabiddle*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/99

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | PD                             | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRAUEL, WILLIAM A.             |   | 1.2 NAME  |
| STREET ADDRESS             | 765 FIFTH AVENUE, SO           |   | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | NAPLES FL 34102                |   | 1.4 CITY-ST-ZIP   |
| TITLE                      | VD                             | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LONGE, THOMAS                  |   | 2.2 NAME  |
| STREET ADDRESS             | 850 PARK SHORE DR, #200        |   | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                | NAPLES FL 34103                |   | 2.4 CITY-ST-ZIP   |
| TITLE                      | D                              | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SWOPE, RICHARD L               |   | 3.2 NAME  |
| STREET ADDRESS             | 4501 TAMiami TRAIL N, #204     |   | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                | NAPLES FL                      |   | 3.4 CITY-ST-ZIP   |
| TITLE                      | SD                             | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BENNETT, RICHARD               |   | 4.2 NAME  |
| STREET ADDRESS             | 3033 RIVIERA DRIVE, #201       |   | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                | NAPLES FL 34103                |   | 4.4 CITY-ST-ZIP   |
| TITLE                      | TD                             | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GIFFORD, BEVERLY               |   | 5.2 NAME  |
| STREET ADDRESS             | 3811 FT. CHARLES DRIVE         |   | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                | NAPLES FL 34102                |   | 5.4 CITY-ST-ZIP   |
| TITLE                      | D                              | <input checked="" type="checkbox"/> DELETE            | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHMID, ROBERTA L              |   | 6.2 NAME  |
| STREET ADDRESS             | 2590 GOLDEN GATE PKWY STE #110 |   | 6.3 STREET ADDRESS  |
| CITY-ST-ZIP                | NAPLES FL 61                   |   | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris (Wm. H. Grauel)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11198