

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
US

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

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

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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 279 Airport Road South
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Naples, Florida
29 34104 30 US

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

9. Name and Address of Current Registered Agent

SCHMID, ROBERTA PH.D.
2590 GOLDEN GATE PKWY, STE 110
NAPLES FL 34105-3261

10. Name and Address of New Registered Agent

81 Name Beverly Hiltabidle
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 Hiltabidle

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS GRAUEL, WILLIAM A.
CITY-ST-ZIP 765 FIFTH AVENUE, SO
NAPLES FL 34102

TITLE ☐ DELETE

NAME VD
STREET ADDRESS LONGE, THOMAS
CITY-ST-ZIP 850 PARK SHORE DR, #200
NAPLES FL 34103

TITLE ☐ DELETE

NAME D
STREET ADDRESS SWOPE, RICHARD L
CITY-ST-ZIP 4501 TAMiami TRAIL N, #204
NAPLES FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BENNETT, RICHARD
CITY-ST-ZIP 3033 RIVIERA DRIVE, #201
NAPLES FL 34103

TITLE ☐ DELETE

NAME TD
STREET ADDRESS GIFFORD, BEVERLY
CITY-ST-ZIP 3811 FT. CHARLES DRIVE
NAPLES FL 34102

TITLE ☒ DELETE

NAME D
STREET ADDRESS SCHMID, ROBERTA L
CITY-ST-ZIP 2590 GOLDEN GATE PKWY STE #110
NAPLES FL 61

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Grauel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)