

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000837 1. Entity Name FLORIDA LEARNING ACADEMY PRIVATE SCHOOL, INC.	
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Principal Place of Business 5993 COKER AVENUE COCOA, FL 32927	Mailing Address 5993 COKER AVENUE COCOA, FL 32927
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02062006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-3166860	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RHAME, THERESA A 5993 COKER AVENUE COCOA, FL 32927
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHAME, THERESA A 5993 COKER AVENUE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PULVER, CAROL 21 VOLUSIA DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE, LEE ANN 118 W. PASCO LANE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELDON, SHANNON 460 MONITOR ST. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000456336
03/16/06-80025-014 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theresa A Rhame* **THERESA A. Rhame** 2-6-06 321-69-2758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #