

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001778 (0)

1. Corporation Name

THE CENTER FOR QUALITY IN LEARNING, INC.

Principal Place of Business

954 W. BREVARD ST.  
TALLAHASSEE FL 32304

Mailing Address

954 W. BREVARD ST.  
TALLAHASSEE FL 32304



3. Date Incorporated or Qualified  
04/21/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-3216521

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

WILSON, BILL  
954 W. BREVARD ST.  
TALLAHASSEE FL 32304

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

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)

BILL WILSON

6/17/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILSON, BILL  
STREET ADDRESS 12081 CROSS CREEK WAY ADDRESS CHANGED  
CITY - ST - ZIP TALLAHASSEE FL

TITLE D  
NAME CHIEUW, JULIET  
STREET ADDRESS 501 BLAIRSTONE RD #2802  
CITY - ST - ZIP TALLAHASSEE FL

TITLE D  
NAME ZAHN, DOUG  
STREET ADDRESS 249 TIMBERLANE DR  
CITY - ST - ZIP TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Bill Wilson  
1.3 STREET ADDRESS 2396 Grassroots Way  
1.4 CITY - ST - ZIP Tallahassee FL 32311

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE D  
4.2 NAME Doug McPhee  
4.3 STREET ADDRESS 9140 Robley Place  
4.4 CITY - ST - ZIP Cardiff - By-the-Sea CA 92007

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

(904) 224-1111

CR2E037 (3/96)