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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000001553 (6)**

1. Corporation Name

**TAILWAGGERS LEARNING CENTER O.T.C., INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**RACHEL FLATLEY** **RACHEL FLATLEY**  
**1400 VILLAGE BLVD. APT 510** **1400 VILLAGE BLVD. APT 510**  
**WEST PALM BEACH FL 33409** **WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1994** 3a. Date of Last Report **n/a**  
 4. FEI Number **65-0488705** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21 7135 Pigeon Key Way** **26 7135 Pigeon Key Way**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
 City & State City & State  
**23 Lake Worth, FL** **28 Lake Worth, FL**  
 Zip Country Zip Country  
**24 33467** **25 U.S.A.** **29 33467** **30 U.S.A.**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FLATLEY, RACHEL**  
**1400 VILLAGE BLVD**  
**APT 510**  
**WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent  
**81 Name RACHEL FLATLEY**  
**82 Street Address (P.O. Box Number is Not Acceptable) 7135 Pigeon Key Way**  
**83**  
**84 City Lake Worth FL 85 Zip Code 33467**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Rachel Flatley/President** *[Signature]* **2-27-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOKES, SUSAN
STREET ADDRESS	9687 35TH STREET S LAKE WORTH FL 33467
NAME	FLATLEY, RACHEL
STREET ADDRESS	1400 VILLAGE BLVD, APT 510 W PALM BEACH FL 33409
CITY-ST-ZIP	
TITLE	SD
NAME	HULSEY, SUSAN
STREET ADDRESS	1341 SCOTTSDALE ROAD WEST W PALM BEACH FL 33417
CITY-ST-ZIP	
TITLE	SD
NAME	PURO, LINDA
STREET ADDRESS	3851 CLASSIC COURT W PALM BEACH FL 33417
CITY-ST-ZIP	
TITLE	TD
NAME	FITZGERALD, QUIN
STREET ADDRESS	2414 BIMINI DRIVE W PALM BEACH FL 33408
CITY-ST-ZIP	
TITLE	D
NAME	MASULIS, PAULA
STREET ADDRESS	1075 MOONLIGHT WAY W PALM BEACH FL 33411
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rachel Flatley
1.3 STREET ADDRESS	7135 Pigeon Key Way Lake Worth, FL 33467
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Hulsey
2.3 STREET ADDRESS	1341 Scottsdale Road West West Palm Beach, FL 33417
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan Stokes
3.3 STREET ADDRESS	9687 35th Street South Lake Worth, FL 33467
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Linda Puro is no longer Secretary
4.3 STREET ADDRESS	She is a One-Year Board Member.
4.4 CITY-ST-ZIP	Please delete her.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(4), 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 in this report, or in an Attachment with an address.

SIGNATURE *[Signature]* **Rachel Flatley** **2-27-95** **(407)368-9900**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #