

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000001553 (6)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

7135 PIGEON KEY WAY  
~~1400 VILLAGE BLVD. APT 510~~  
LAKE WORTH FL 33467  
US

7135 PIGEON KEY WAY  
1400 VILLAGE BLVD. APT 510  
LAKE WORTH FL 33467  
US

3. Date Incorporated or Qualified  
**03/25/1994**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLATLEY, RACHEL  
7135 PIGEON KEY WAY  
~~LAKE WORTH FL 33467~~  
LAKE WORTH FL 33467

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)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

PD

NAME

FLATLEY, RACHEL

STREET ADDRESS

7135 PIGEON KEY WAY

CITY-ST-ZIP

LAKE WORTH FL

DELETE

TITLE

VD

NAME

HULSEY, SUSAN

STREET ADDRESS

1341 SCOTTSDALE ROAD WEST

CITY-ST-ZIP

W PALM BEACH FL

DELETE

TITLE

SD

NAME

STOKES, SUSAN

STREET ADDRESS

9687 35TH STREET SOUTH

CITY-ST-ZIP

LAKE WORTH FL

DELETE

TITLE

TD

NAME

FITZGERALD, QUIN

STREET ADDRESS

2414 BIMINI DRIVE

CITY-ST-ZIP

W PALM BEACH FL 33406

DELETE

TITLE

D

NAME

MASULIS, PAULA

STREET ADDRESS

1075 MOONLIGHT WAY

CITY-ST-ZIP

W PALM BEACH FL 33411

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

VD  
VERRELLI, KELLIE E.  
6399 GRAND CYPRESS CIRCLE  
LAKE WORTH, FLA. 33463

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TD  
~~JEAN~~ KING, JEAN M.  
11886 N. 54TH ST.  
Royal Palm Beach, FLA 33411

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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 and have received or trusted, 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 omitted from the report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

407-804-9247

Date

Daytime Phone #

CR2E037 (12/95)