

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. Morberg
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005649 (8)

1. Corporation Name

FOUNDATION FOR TRUE LEARNING, INC.



Principal Place of Business

229 W. QUEENCUP CT.
BEVERLY HILLS FL 34465

Mailing Address

P.O. BOX 640775
BEVERLY HILLS FL 34464-0775

2. Principal Place of Business

21 12545 TIMBER RUN

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 424

Suite, Apt. #, etc.

22 City & State

23 DADE CITY, FL

27 City & State

28 DADE CITY, FL

24 Zip

25 33525

Country

26 USA

29 Zip

30 33525-0424

Country

USA

3. Date Incorporated or Qualified
11/16/1994

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

4. FEI Number

APPLIED FOR 94-3283643

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 ☒

10. Name and Address of New Registered Agent

81 Name

DAVID SALAS

82 Street Address (P.O. Box Number is Not Acceptable)

12545 TIMBER RUN

83

84 City DADE CITY, FL

FL

85 Zip Code
33525

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.

7/6/96

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HOPE, JANE
7655 W GULF-TO-LAKE HWY SUITE 5
CRYSTAL RIVER FL 34429

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOY, DAVID
7655 W GULF-TO-LAKE HWY SUITE 5
CRYSTAL RIVER FL 34429

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LEONE, FREDERICK JR
7655 W GULF-TO-LAKE HWY SUITE 5
CRYSTAL RIVER FL 34429

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D
HOPE, JANE
12545 TIMBER RUN
DADE CITY, FL 33525

Change ☒ Addition ☐

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

D
JOY, DAVID
12545 TIMBER RUN
DADE CITY, FL 33525

Change ☒ Addition ☐

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

D
SALAS, DAVID
12545 TIMBER RUN
DADE CITY, FL 33525

Change ☐ Addition ☒

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change ☐ Addition ☐

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

800001917368
-08/09/96--01013--007
***61.25

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 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

DAVID JOY, DIRECTOR

Date

Daytime Phone #

0017170

CR2E037 (3/96)