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Jul 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000005649 (8)

1. Corporation Name

FOUNDATION FOR TRUE LEARNING, INC.



Principal Place of Business

Mailing Address

12545 TIMBER RUN
DADE CITY FL 33526-0424

P.O. BOX 424
DADE CITY FL 33526-0424

3. Date Incorporated or Qualified
11/16/1994

3a. Date of Last Report
08/08/1996

2. Principal Place of Business

2a. Mailing Address

21 8649 N. HIMES AVE.

26 P.O. BOX 272717

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2020

27

City & State

City & State

23 TAMPA, FL

28 Tampa, FL

Zip

Country

24 33614

25

USA

29 33688-2717

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAS, DAVID
12545 TIMBER RUN
DADE CITY FL 33526-0424

81 Name

DAVID SALAS

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

8649 N. HIMES AVE.

83

84

City TAMPA, FL

FL

85

33614

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOPE, JANE
STREET ADDRESS 12545 TIMBER RUN
CITY-ST-ZIP DADE CITY FL 33526-0424

TITLE D ☐ DELETE

NAME JOY, DAVID
STREET ADDRESS 12545 TIMBER RUN
CITY-ST-ZIP DADE CITY FL 33526-0424

TITLE D ☐ DELETE

NAME SALAS, DAVID
STREET ADDRESS 12545 TIMBER RUN
CITY-ST-ZIP DADE CITY FL 33526-0424

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME HOPE, JANE

1.3 STREET ADDRESS 8649 N. HIMES AVE.

1.4 CITY-ST-ZIP TAMPA, FL 33614

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME DAVID JOY

2.3 STREET ADDRESS 8649 N. HIMES AVE.

2.4 CITY-ST-ZIP TAMPA, FL 33614

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME DAVID SALAS

3.3 STREET ADDRESS 8649 N. HIMES AVE.

3.4 CITY-ST-ZIP TAMPA, FL 33614

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)