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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005904

1. Corporation Name

THE LEARNING CENTER AT ANTIOCH, INC.

Principal Place of Business

608 OAKLAND AVENUE
OAKLAND FL 34760

Mailing Address

608 OAKLAND AVENUE
OAKLAND FL 34760



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 751
27 Suite, Apt. #, etc.

28 City & State

28 Oakland, FL
29 Zip Country

29 34760

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3282805

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

9. Name and Address of Current Registered Agent

BRALAND, DAVID
1015 GLEN SPRINGS AVENUE
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
608 W. Oakland Ave.

83

84 City
Oakland

85 Zip Code
FL 34760

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

David Braland

4-15-99

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 DT ☒ DELETE
NAME ALDERMAN, HATTIEMAY
STREET ADDRESS 9808 MORTON JONES RD.
CITY-ST-ZIP GOTHA FL 34734

TITLE DP ☐ DELETE
NAME ALDERMAN, STEVE
STREET ADDRESS 7211 SEAMANS BLUFF
CITY-ST-ZIP ORLANDO FL 32835

TITLE DS ☒ DELETE
NAME ALDERMAN, RALPH D
STREET ADDRESS 9808 MORTON JONES RD.
CITY-ST-ZIP GOTHA FL 34734

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 D ☒ Change ☐ Addition
1.2 NAME Darryl Braland
1.3 STREET ADDRESS 550 S. Bluford Ave.
1.4 CITY-ST-ZIP Ocoee, FL 34787

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

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Tara Braland
3.3 STREET ADDRESS 550 S. Bluford Ave.
3.4 CITY-ST-ZIP Ocoee, FL 34787

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Mark McGinnis
4.3 STREET ADDRESS 15840-191 State Rd. 50
4.4 CITY-ST-ZIP Clermont, FL 34711

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Lloyd Robbins
5.3 STREET ADDRESS 321 E. Harbour Ct.
5.4 CITY-ST-ZIP Ocoee, FL 34761

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Wendy Robbins
6.3 STREET ADDRESS 321 E. Harbour Ct.
6.4 CITY-ST-ZIP Ocoee, FL 34761

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darryl Braland 4-15-99 407-656-4276

Date

Daytime Phone #

CR2E037 (11/98)