3. Date Incorporated or Qualified Q4/28/1995 4. FEI Number EIN 59-3303874 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 85 Zip Code amed corporation submits this statement for the purpose of changing its registered office ration's board of directors. I hereby accept the appointment as registered agent. I am Signature register And the service in the purpose of Changing its registered office ration's board of directors. I hereby accept the appointment as registered agent. I am 2nd Vice President/D Juanita Dixon		1			
O4/28/1995 N/A 4. FEI Number EIN Applied For 59-3303874 S8.75 Additional 5. Certificate of Status Desired S8.75 Additional 6. Election Campaign Financing Trust Fund Contribution Ree Required 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes N No 10. Name and Address of New Registered Agent Name Street Arlidess (P.O. Box Number is Not Acceptable) City FL 85 Zip Code amed corporation submits this statement for the purpose of changing its registered agent. I am Signification Submits this statement for the appointment as registered agent. I am Signification Submits this statement for the purpose of Changing its registered agent. I am Signification Submits this statement for the purpose of Changing its registered agent. I am		3. Date Incorporated or Qualified	3a. D	ate of Last Rep	ort
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2nd Vice President/D Change Addition	Signature re	ADDITIONS CHANGES TO OFF	ICERS A	ND DIRECTOR	S IN 12
	———			Change	Addition
LUMAN LIA TULXUN					-
	ADDRESS	!			
3350 Qualitate Florida 32205		5336 Quan Dr.	322	205	
	1 · ZIP		. <u>.</u>	L Change	Addition
T/D		\ - *		*	•
Gail Bush			Ct		
1045/ IV. DIGITORS	ADDRESS	6427 N. Diamond Lear	044		
Jacksonville, F1 32244	ST-ZIP	Jacksonville, FI 322	.44	☐ Change	Addition
D				ш.,	**
Valerie Gutierrez					
ADDRESS 3220 Cathedral Lane	ADDRESS	3220 Cathedral Lane		200	

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NONPROF CORPORAT ANNUAL REF	ION	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State					
1996	3-11-96	B-20	Soul of Corporations				
DOCUMEN [*] 1. Corporation Name		0000207	' 6 (6)				
•	TEACH ONE (RO	TO), INC.					
1,2,1010		· 					
Principal Place of Busine	ss	Mailing Address					
6855 WILSON BLVD. SUITE 5 JACKSONVILLE FL		PO BOX 14052 JACKSONVILLE FL 32238-4052					
2. Principal Place of Bu	siness	2a. Mailing A	ddress				
21		26 Suite, An	t # etc				
Suite, Apt. #, etc.		27	n. #, etc.				
City & State			City & State				
23		28					
Zip	Country	Zip	Country				
24	25	29	30 ant				
9. Name and Address of Current Registered Agent							

8077 CUMBERLAND GAP TR. 83 JACKSONVILLE FL 32244 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutos, the above-named corporation submits to registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

B2

81 Name

(NOTE: Registered Agent signature required when renetating)

Signature, typed or printed name of registered agent and title if applicable 13. OFFICERS AND DIRECTORS 12. □ DELE1E 1 1 TITLE 2nd Vice TITLE 12 NAME Juanita I PERRY-MITCHELL, ROSETTA NAME 1.3 STREET ADDRESS 5336 Quan 8077 CUMBERLAND GAP TR. STREET ADDRESS Jacksonv. 1.4 CITY - S1 - ZIP JACKSONVILLE FL 32244 CITY - ST - ZIP DELFTE 2 1 TITLE TITLE 2.2 NAME Gail Bush WHITE, MILDRED E NAME 2.3 STREET ADDRESS 6427 N. I 2027 WEST 5TH STREET STREET ADDRESS 2 4 CITY - ST - ZIP Jacksonv: JACKSONVILLE FL 32209 CITY - ST - ZIP X DELETE 3 1 TITLE TITLE 3.2 NAME DAVIS, CAROLYN V Valerie (NAME 33 STREET ADDRESS 8069 CUMBERLAND GAP TR. 3220 Catl STREET ADDRESS Jacksonville, Florida 3227/ 3 4 CITY - ST - ZIP JACKSONVILLE FL 32244 Addition CITY-ST-ZIP DELETE 4 1 TITLE THILE 4 2 NAME Plezia Sapp GRAHAM, SHIRLEY

Rt. 5, Box 778 4.3 STREET ADDRESS 8122 PINE SPRINGS LANE STREET ADDRESS Callahan, Fl 32011 4.4 CITY - ST - ZIP JACKSONVILLE FL 32244 C-TY-ST-ZIP DELETE 51 TITLE TITLE 52 NAME KING, JACQUELYN NAME 1721-D WEST UNIVERSITY BLVD. 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP JACKSONVILLE FL 32217 CITY - ST - ZIP DELETE 6.1 THILE TITLE 6.2 NAME

NAME 63 STREFT ADDRESS STREET ADDRESS s voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further supplemental annual report is true and accurate another my signature shall have the same legal effect as if made under receiver or fusive employwered to execute this receiver or fusive employees. 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing certify that the information indicated on this annual report or properly that I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed or on an attachment CITY - ST-ZIP

SIGNATURE:

PERRY-MITCHELL, ROSETTA

SIGNATURE

☐ Addition

■ Addition

Change

Change