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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N95000004433

1. Corporation Name

THE LIVING AND LEARNING, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90222 001 \*\*\*\*61.25

5201 5TH AVE N ST PETERSBURG FL 33710 ST PETERSBURG FL 33710										
2. Principal I	Place of Business	2a. Mailin	g Address			3. Date incorporated or Qualife	<del></del>		<del></del>	
21		26				09/14/1995			1	
Suite, Apt	#, etc.		Apt. #, etc.			4. FEI Number		App	lied For	
22		27				59-3338535	_	Not	Applicable	
City & Sta	ite	City &	State			5. Certifcate of Status Desired		\$8.75 A	dditional	
23		28				5. Certificate of Status Desired		Fee Req	luired	
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00 N	vlav Be	
24	25	29	3	o]	_	Trust Fund Contribution	<u> </u>	Added to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name					
HARRIOTT, GWEN					Street A	Address (P.O. Box Number is Not Accep	table)	<del></del>		
5201-5TH AVE N					00017	talloo (* .o. box talloo is territor)			_ j	
ST PETERSBURG FL 33710									}	
OI I LILI	IODUNA 1 E 357 IV			104	City			85 Zip Ci	odo -	
				84	City		FL	_  83   210 01	) Apple	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Suc	h change was auth	norized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby according to the control of	e purpose of pt the appo	changing its r intment as regi	agistered istered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicat	le. (NOTE: Re	gistered Ager	nt signature re	equired when reinstating)	DATE			
12.					13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
TITLE	PT		DELETE	1.1 TITLE		•		Change	☐ Addition	
NAME	HARRIOTT, GWEN			1.2 NAME		~			1	
STREET ADDRESS	1			1.3 STREET	TADORESS				. 1	
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-S	T-ZIP					
TITLE	S		☐ DELETE	2.1 TITLE	Ţ			☐ Change	☐ Addition	
NAME	SAMAHA, JOHN			2.2 NAME	Ì				Ì	
STREET ADDRESS				2.3 STREET	ADDRESS				}	
CITY-ST-ZIP	ST.PETERSBURG FL			2.4 CTY-S	T-ZIP			· <u>-</u>		
TITLE	VT		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	ASHMEADE, GEORGE A			3.2 NAME	-				.	
STREET ADDRESS				3.3 STREET	TADORESS					
CITY-ST-ZIP	RIVERVIEW FL 33569			3.4. CITY-S	T-ZIP					
TITLE	T	<del></del>	DELETE	4.1 TITLE				Change	☐ Addition	

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 ruster 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 of on an attachment with an address, with all other like empowered.

. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 C/TY-ST-ZIP

4.4 C/TY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ASHMEADE, GEORGE A

3222 LAS BRISAS

RIVERVIEW FL 33569

Change

Change

☐ Addition

Addition