FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N97000000025 (3)

FREEDOM TO LEARN, INC.

Principal Place of Business Malling Address 20263 KINDERKEMAC AVE PORT CHARLOTTE FL 33952 20283 KINDERKEMAC AVE 3. Date Incorporated or Qualified PORT CHARLOTTE FL 33952 12/30/1996 4. FEI Number Applied For 65-0718060 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional Certificate of Status Desired P.O. Box 511231 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Punta Gorda, Yes **⊠** No 23 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No Zip Country ∞ Charlotte 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BEASLEY, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 20263 KINDERKEMAC AVE 83 PORT CHARLOTTE FL 33952 Zip Code 84 City 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 rieme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ■ DELETE TITLE 1.1 TITLE Change ___ Addition BEASLEY, JOHN NAME 1.2 NAME 20263 KINDERKEMAC AVE STREET ADDRESS 1.3 STREET ADDRESS **PORT CHARLOTTE FL 33952** CITY-ST-ZIP 1.4 City-St-ZiP TITLE DELETE 2.1 TITLE Change Addition FIEDLER, RAY NAME 2.2 NAME 335 KENOVA ST STREET ADDRESS 2.3 STREET ADDRESS PORT CHARLTTE FL 33952 CITY-ST-ZIP 2.4 CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE DRAGONETTE, SUSAN NAME 3.2 NAME 342 MONACO DR STREET ADDRESS 3.3 STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 an attachment with an address. Vierke

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

Change

Addition

FILED

Mar 30 1998 8:00am

Secretary of State