

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000089

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** THE RENAISSANCE LEARNING CENTER, INC.

**Current Principal Place of Business:**

5800 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5800 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 65-0720113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUTISM PROJECT OF PALM BEACH COUNTY, INC.  
5800 CORPORATE WAY  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** HAUSER, LISA Z  
**Address:** 10230 HUNT CLUB LANE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** DV  
**Name:** SCOTT, JACK  
**Address:** 2811 NORTH MILLER DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33410

**Title:** SD  
**Name:** CONARD, CYNTHIA  
**Address:** 836 SUMMERWOOD DR.  
**City-St-Zip:** JUPITER, FL 33458

**Title:** D  
**Name:** COOLEY, MYLES  
**Address:** 9121 N. MILITARY TRAIL, SUITE 218  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** D  
**Name:** TAVIS, TIMOTHY M  
**Address:** 1281 N. OCEAN DR., #162  
**City-St-Zip:** SINGER ISLAND, FL 33404

**Title:** DT  
**Name:** HENDERSON, KYLE  
**Address:** 4841 BERKLEY MEWS  
**City-St-Zip:** WEST PALM BEACH, FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LISA HAUSER

PRES

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date