
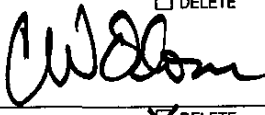
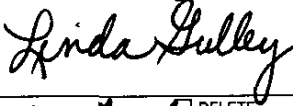
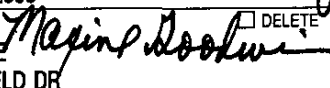


**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**



NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000003139</b>			
1. Corporation Name <b>FOUNDATION FOR LEARNING AND SUCCESS, INC.</b>			
Principal Place of Business <b>500 E FAIRFIELD DRIVE PENSACOLA FL 32503</b>		Mailing Address <b>500 E FAIRFIELD DRIVE PENSACOLA FL 32503</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent			
<b>HUGHES, BEN</b> <b>C/O CHILDREN'S SERVICES CENTER</b> <b>1800 N PALAFOX ST</b> <b>PENSACOLA FL 32501</b>			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	13.
NAME	ODOM, C W		1.1 TITLE
STREET ADDRESS	C/O 500 E FAIRFIELD DR		1.2 NAME
CITY-ST-ZIP	PENSACOLA FL 32503		1.3 STREET ADDRESS
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME	BROWN, EUGENE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS	C/O 500 E FAIRFIELD DR		2.2 NAME
CITY-ST-ZIP	PENSACOLA FL 32503		2.3 STREET ADDRESS
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME	DAVIS, VICKIE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS	C/O 500 E FAIRFIELD DR		3.2 NAME
CITY-ST-ZIP	PENSACOLA FL 32503		3.3 STREET ADDRESS
TITLE	TD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME	GULLEY, LINDA		4.1 TITLE
STREET ADDRESS	C/O 500 E FAIRFIELD DR		4.2 NAME
CITY-ST-ZIP	PENSACOLA FL 32503		4.3 STREET ADDRESS
TITLE	D	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME	GOODWIN, MAXINE		5.1 TITLE
STREET ADDRESS	C/O 500 E FAIRFIELD DR		5.2 NAME
CITY-ST-ZIP	PENSACOLA FL 32503		5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

SIGNATURE: Margie M. Pincus 9/14/99 850-433-2026  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #