

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000003262

1. Corporation Name
LITTLE FOLKS ACADEMIC CENTER, INC.

Principal Place of Business: 224 SOUTH STREET, QUINCY FL 32351
 Mailing Address: 224 SOUTH STREET, QUINCY FL 32351

FILED
 99 JUL -8 PM 4:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3435393	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LONG, GLORIA J 302 SOUTH STREET QUINCY FL 32351				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, JOSEPH III			1.2 NAME			
STREET ADDRESS	408 SOUTH ST.			1.3 STREET ADDRESS	200002929752--8		
CITY-ST-ZIP	QUINCY FL 32351			1.4 CITY-ST-ZIP	-07/13/99--01034--016		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, COLLETTE			2.2 NAME			
STREET ADDRESS	302 SOUTH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, JOEL			3.2 NAME			
STREET ADDRESS	208 SOUTH LOVE ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			3.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, WILLE M			4.2 NAME			
STREET ADDRESS	208 SOUTH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7-8-99 Daytime Phone #: 850-627-3011

CR2E037 (5/99)

TS