2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2010
Secretary of State

DOCUMENT# N98000002641

Entity Name: THE COMMUNITY LEARNING CENTER, INC.

Current Principal Place of Business:

1611 N FORT HARRISON
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1611 N FORT HARRISON
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-3521809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILLESTAD, SHARON
406 1/2 NORTH LINCOLN AVE
CLEARWATER, FL 33755 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: BM
Name: POLLACK, RON
Address: 1611 N FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: S
Name: DANA, HANSON
Address: 300 N PRESCOTT AVE
City-St-Zip: CLEARWATER, FL 33755

Title: BM
Name: HAGGERTY, HOLLY
Address: 406 N. LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: COB
Name: GENDUSA, JOY
Address: 404 S. MARTIN LUTHER KING AVE
City-St-Zip: CLEARWATER, FL 33756

Title: T
Name: CHAVANNE, CATHERINE
Address: 1560 MAPLE ST
City-St-Zip: CLEARWATER, FL 33755

Title: BM
Name: HAGGERTY, BRENDAN
Address: 406 N. LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33755

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: HOLLY HAGGERTY BM 06/16/2010

Electronic Signature of Signing Officer or Director Date