

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000607

FILED
Jul 15, 2008
Secretary of State

Entity Name: THE ALACHUA LEARNING CENTER, INC.

Current Principal Place of Business:

11100 W SR 235
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

PO BOX 1389
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-3553820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLIN, TOM G
11100 W. STATE ROAD 235
ALACHUA, FL 32615 US

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: D () Delete
Name: ALLIN, TOM
Address: PO BOX 2163
City-St-Zip: ALACHUA, FL 32616

Title: D () Delete
Name: ELSEY, SANDRA
Address: 18919 CR 239
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: SPELLMAN, SETH W
Address: 15206 NW 89TH ST
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: WOLF, DAVID B
Address: 17303 NW 112TH BLVD
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM ALLIN

DIR

07/15/2008

Electronic Signature of Signing Officer or Director

Date