

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000607

FILED
Mar 23, 2012
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 ()

Name and Address of Current Registered Agent:

ALLIN, TOM G
11100 W. STATE ROAD 235
ALACHUA, FL 32615 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: D
Name: ALLIN, TOM
Address: PO BOX 2163
City-St-Zip: ALACHUA, FL 32616

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

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

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

Title: D
Name: PORCHOT, TOM
Address: PO BOX 1389
City-St-Zip: ALACHUA, FL 32616

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: TOM ALLIN

D

03/23/2012

Electronic Signature of Signing Officer or Director

Date