


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90237 015 ****70.00

DOCUMENT # N99000000642 1. Entity Name LOVE TO LEARN EDUCATIONAL CENTER, INC.			
Principal Place of Business 125 N.W. 23RD AVE SUITE 3&4 GAINESVILLE, FL 32609		Mailing Address 125 N.W. 23RD AVE SUITE 3&4 GAINESVILLE, FL 32609	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4342 NW 15th Terrace	
City & State		City & State Gainesville, FL	
Zip	Country	Zip 32605	Country U.S.A
6. Name and Address of Current Registered Agent PALMER, LAVETTA L 125 NW 23RD AVE, STE 3 GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PALMER, LAVETTA L 4342 NW 15TH TERR GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, LOLITA G DR 4342 NW 15TH TERR GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, HAZEL 601 GIBSON AVE ARCHER, FL 32618	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, HAZEL 601 GIBSON AVE ARCHER, FL 32618	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, OSCAR L JR 2424 NW 57TH PLACE GAINESVILLE, FL 32609	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dr. Larry Mitchell 6711 SW 63rd Lane Gainesville, FL 32608	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Dr. Lawrence S. Palmer, Ph.D. Dr. Lavetta L. Palmer, President</u> (352) 381-1900			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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04092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3552743 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required