

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000642

FILED  
Mar 27, 2005  
Secretary of State

Entity Name: LOVE TO LEARN EDUCATIONAL CENTER, INC.

## Current Principal Place of Business:

125 N.W. 23RD AVE  
SUITE 3&4  
GAINESVILLE, FL 32609

## New Principal Place of Business:

## Current Mailing Address:

4342 NW 15TH TERR  
GAINESVILLE, FL 32605

## New Mailing Address:

FEI Number: 59-3552743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PALMER, LAVETTA L  
125 NW 23RD AVE, STE 3  
GAINESVILLE, FL 32609 US

## Name and Address of New Registered Agent:

PALMER, LAVETTA L  
125 NW 23RD AVE, STE 3 & 4  
GAINESVILLE, FL 32609 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:

03/27/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: PALMER, LAVETTA L  
Address: 4342 NW 15TH TERR  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete  
Name: PALMER, LOLITA G DR  
Address: 4342 NW 15TH TERR  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: TAYLOR, HAZEL  
Address: 601 GIBSON AVE  
City-St-Zip: ARCHER, FL 32618

Title: S ( ) Delete  
Name: TAYLOR, HAZEL  
Address: 601 GIBSON AVE  
City-St-Zip: ARCHER, FL 32618

Title: T ( ) Delete  
Name: MITCHELL, DR. LARRY  
Address: 6711 SW 63RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: PALMER, DR. LAVETTA L  
Address: 4342 NW 15TH TERR  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD (X) Change ( ) Addition  
Name: PALMER, DR. LOLITA G  
Address: 4342 NW 15TH TERR  
City-St-Zip: GAINESVILLE, FL 32605

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

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

Title: TD (X) Change ( ) Addition  
Name: MITCHELL, DR. LARRY  
Address: 6711 SW 63RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Change (X) Addition  
Name: MITCHELL, DR. BONNIE  
Address: 6711 SW 63RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. LAVETTA PALMER

PCD

03/27/2005

Electronic Signature of Signing Officer or Director

Date