

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004334

**FILED
Jul 07, 2004
Secretary of State**

Entity Name: LEARNING SOLUTIONS OF BAY COUNTY, INC.

Current Principal Place of Business:

1556 CHANDLEE AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

1556 CHANDLEE AVE
PANAMA CITY, FL 32405

Current Mailing Address:

PO BOX 1505
LYNN HAVEN, FL 32444

New Mailing Address:

1556 CHANDLEE AVE
PANAMA CITY, FL 32405

FEI Number: 59-3592019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTSON, TERESA M
1556 CHANDLES AVE
PANAMA CITY, FL 32405

Name and Address of New Registered Agent:

MATTSON, TERESA M
1556 CHANDLEE AVE
PANAMA CITY, FL 32405

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: TERESA M. MATTSON

07/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTSON, TERESA M
Address: 1556 CHANDLES AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: MATTSON, GWENDOLYN E
Address: 8707 JEFFREY ROAD
City-St-Zip: SOUTHPORT, FL 32409

Title: D (X) Delete
Name: PAYNE, DONALD R
Address: P O BOX 1505
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MATTSON, TERESA M
Address: 1556 CHANDLEE AVE.
City-St-Zip: PANAMA CITY, FL 32405

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 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: TERESA M. MATTSON

PRES

07/07/2004

Electronic Signature of Signing Officer or Director

Date