

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 041 ****70.00

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1. Entity Name

ADVENTURE LEARNING CENTRE, INC.



Principal Place of Business

P.O. BOX 273525
BOCA RATON FL 33427-3525

Mailing Address

3200 N. MILITARY TR., STE. 201
BOCA RATON FL 33431

2. Principal Place of Business

5386 NW 60th Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

USA

Country

4. FEI Number

31-1704954

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GREBE, RANDY
5386 N.W. 60 DR.
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Randy Grebe

Street Address (P.O. Box Number is Not Acceptable)

5386 NW 60th Dr.

City

Coral Springs

FL

Zip Code

33067

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME GREBE, RANDY
STREET ADDRESS 6401 N.W. 64 DR.
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☐ Delete
NAME CAMPBELL, JAMES
STREET ADDRESS 541 BURNT EMBER LN.
CITY-ST-ZIP BUFFALO GROVE IL 60089

TITLE DT ☐ Delete
NAME TISSOT, SAM
STREET ADDRESS 3440 ACADEMY DR.
CITY-ST-ZIP WINDSOR, ON CANADA N9E -4B2

TITLE D ☒ Delete
NAME DUNCANSON, HUMPHREY
STREET ADDRESS 48 VALENTINE AVE.
CITY-ST-ZIP HUNTINGTON NY 11743

TITLE D ☒ Delete
NAME JOHNSON, HESKETH
STREET ADDRESS 2844 N.W. 42ND AVE.
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE DVP ☐ Delete
NAME FARQUHARSON, CEDRIC
STREET ADDRESS P.O. BOX N-4623
CITY-ST-ZIP NASSAU, BAHAMAS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 5386 NW 60th Dr.
CITY-ST-ZIP Coral Springs FL 33067

TITLE D ☐ Change ☒ Addition
NAME Bruce Case
STREET ADDRESS 18314 Denocu Rd.
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE D ☐ Change ☒ Addition
NAME Alfred Nakhla
STREET ADDRESS 714 Burns St.
CITY-ST-ZIP Waukegan, WI 54901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

954-315-4351

Date

Daytime Phone #