

FILED

Feb 23, 2007 08:01

Secretary of State

DOCUMENT # P02000080002

1. Entity Name

DISCOVERY WORLD LEARNING CENTER, INC.



Principal Place of Business

9310 STATE ROAD 52
HUDSON FL 34669

Mailing Address

9310 STATE ROAD 52
HUDSON FL 34669

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 54-2064455

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVENGOOD, KAREN K
13221 CHICAGO AVENUE
HUDSON FL 34669

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIVENGOOD, KAREN K	
STREET ADDRESS	13221 CHICAGO AVENUE	
CITY - ST - ZIP	HUDSON FL 34669	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LIVENGOOD, JEFFREY	
STREET ADDRESS	13221 CHICAGO AVENUE	
CITY - ST - ZIP	HUDSON FL 34669	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

I certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 or a person or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report or on an attachment with an address, with all other like empowered.

IRE: *Karen Livengood* *Karen Livengood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/07 727-819-2729