

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90178 017 ***150.00

DOCUMENT # P03000059227

1. Entity Name

FAMILY TREE LEARNING CENTER, INC.



Principal Place of Business

3305 MEDICAL WAY
SEBRING FL 33570
US

Mailing Address

3305 MEDICAL WAY
SEBRING FL 33570
US



2. Principal Place of Business

3125 medical way

3. Mailing Address

3125 medical way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Sebring, FL

City & State

Sebring, FL

4. FEI Number

56-2368420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33870

Country

Highlands

Zip 33870

Country

Highlands

6. Name and Address of Current Registered Agent

DEAN, JENNIFER
3305 MEDICAL WAY
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name Jennifer Dean

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

3125 medical way

City Sebring

FL

Zip Code 33870

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, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE PRES ☐ Delete
NAME DEAN, JENNIFER
STREET ADDRESS 4875 SPARTO RD
CITY-ST-ZIP SEBRING FL 33875

TITLE TREA ☐ Delete
NAME DEAN, BARBARA
STREET ADDRESS 4875 SPARTA ROAD
CITY-ST-ZIP SEBRING FL 33872

TITLE SECR ☐ Delete
NAME DEAN, JOHN SR.
STREET ADDRESS 3673 COMMERCE CENTER DRIVE
CITY-ST-ZIP SEBRING FL 33872

TITLE VP ☐ Delete
NAME DEAN, JOHN JR
STREET ADDRESS 4875 SPARTA RD
CITY-ST-ZIP SEBRING FL 33815

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres ☒ Change ☐ Addition
NAME Dean, Jennifer
STREET ADDRESS 4875 Sparta Rd
CITY-ST-ZIP Sebring, FL 33875

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4875 Sparta Rd
CITY-ST-ZIP Sebring, FL 33875

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 exemptions contained in Section 119, 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-06