

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034069

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** FAMILY UNITY LEARNING CENTER OF LAKE LAND, FLORIDA, INC.

**Current Principal Place of Business:**

1010 WEST OLIVE STREET  
LAKE LAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 92379  
LAKE LAND, FL 33804

**New Mailing Address:**

POST OFFICE BOX 8195  
LAKE LAND, FL 33804

**FEI Number:** 41-2113082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEORGE, GOFF E  
613 PINE FOREST DRIVE  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOFF, GEORGE  
Address: 613 PINE FOREST DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: VP ( ) Delete  
Name: COOPER, RETHA  
Address: 607 SOUTH HOWARD  
City-St-Zip: PLANT CITY, FL 33566

Title: TRER ( ) Delete  
Name: GOFF, ALBEZINE L  
Address: 613 PINE FOREST DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: SEC ( ) Delete  
Name: JOHNSON, ARLENE  
Address: 607 SOUTH HOWARD  
City-St-Zip: PLANT CITY, FL 33566

Title: MBR ( ) Delete  
Name: FAISON, HELEN  
Address: 2208 OAK VIEW LANE  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBEZINE GOFF

TRES

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date