

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000034069

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



Principal Place of Business
1010 WEST OLIVE STREET
LAKE LAND, FL 33801

Mailing Address
POST OFFICE BOX 8195
LAKE LAND, FL 33804



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2113082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFF, GEORGE 613 PINE FOREST DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, RETHA 607 SOUTH HOWARD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRER GOFF, ALBEZINE L 613 PINE FOREST DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JOHNSON, ARLENE 607 SOUTH HOWARD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR FAISON, HELEN 2208 OAK VIEW LANE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

George Goff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2006
Date

813-727-8290
Daytime Phone #