

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90026 028 ***158.75

DOCUMENT # P04000034069

1. Entity Name
**FAMILY UNITY LEARNING CENTER OF LAKELAND,
FLORIDA, INC.**



Principal Place of Business
**1010 WEST OLIVE STREET
LAKELAND, FL 33801**

Mailing Address
**POST OFFICE BOX 8195
LAKELAND, FL 33804**

40022097



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOFF, GEORGE
STREET ADDRESS	613 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	COOPER, RETHA
STREET ADDRESS	607 SOUTH HOWARD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	TRER
NAME	GOFF, ALBEZINE L
STREET ADDRESS	613 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	SEC
NAME	JOHNSON, ARLENE
STREET ADDRESS	607 SOUTH HOWARD 4004 Bamboo Palm
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	MBR
NAME	FAISON, HELEN
STREET ADDRESS	2208 OAK VIEW LANE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Albezzine L. Goff / ALBEZINE L. GOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

813-681-5279

Daytime Phone #