

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 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



01172008 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

**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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

1/28/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P GOFF, GEORGE
STREET ADDRESS	613 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE NAME	VP COOPER, RETHA
STREET ADDRESS	607 SOUTH HOWARD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE NAME	TRER GOFF, ALBEZINE L
STREET ADDRESS	613 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE NAME	SEC JOHNSON, ARLENE
STREET ADDRESS	607 SOUTH HOWARD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE NAME	MBR FAISON, HELEN
STREET ADDRESS	2208 OAK VIEW LANE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000308815
02/07/08-80063-024 150.00

**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: Albezine L. Goff-Tren.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

863-687-8823
Daytime Phone #