

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077936

FILED
Jan 16, 2009
Secretary of State

Entity Name: SOUTHSIDE LEARNING CENTER, INC.

Current Principal Place of Business:

252 MAGNOLIA AVENUE, SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

4820 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813 US

Current Mailing Address:

252 MAGNOLIA AVENUE, SW
WINTER HAVEN, FL 33880

New Mailing Address:

4820 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813 US

FEI Number: 26-3319217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORDE, RICHARD A
252 MAGNOLIA AVENUE, SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

BORDE, RICHARD A
252 MAGNOLIA AVENUE, SW
WINTER HAVEN, FL 338802901 US

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:

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Change (X) Addition
Name: ZWANZIG, GINA E PD
Address: 1325 HALLAM DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: SH () Change (X) Addition
Name: ZWANZIG, PRESTON R
Address: 1325 HALLAM DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: S/TD () Change (X) Addition
Name: BORDE, RICHARD A S/T
Address: 252 MAGNOLIA AVENUE SW
City-St-Zip: WINTER HAVEN, FL 338802901 US

Title: SH () Change (X) Addition
Name: BORDE, LORETTA B
Address: 3813 BENT TREE LOOP EAST
City-St-Zip: LAKELAND, FL 338131302 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD A BORDE

S/T

01/16/2009

Electronic Signature of Signing Officer or Director

Date