

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90240 038 \*\*\*150.00

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DOCUMENT # P97000059688

1. Corporation Name

CEDARVIEW LEARNING CENTERS, INC.



Principal Place of Business  
5398 SCHOOL RD  
NEW PORT RICHEY FL 34652  
US

Mailing Address  
5398 SCHOOL RD  
NEW PORT RICHEY FL 34652  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

59-3454745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIGGINS, KELLY  
4015 S VISTA VERDE DR  
PORT RICHEY FL 34655

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7116 Fireside Drive

83 Port Richey FL 34668

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Kelly Higgins

Kelly Higgins

3-8-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MARTIN, BONNIE M  
STREET ADDRESS 9610 BONNET LAKE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 6917 Narra St  
1.4 CITY-ST-ZIP New Port Richey FL 34653

TITLE VD ☐ DELETE  
NAME MARTIN, JOHN B  
STREET ADDRESS 9610 BONNET LAKE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6917 Narra St  
2.4 CITY-ST-ZIP New Port Richey FL 34653

TITLE SD ☐ DELETE  
NAME JULIAN, KIMBERLY  
STREET ADDRESS 9221 CRESTON AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME WIGGINS, KELLY  
STREET ADDRESS 4015-5 VISTA VERDE DR  
CITY-ST-ZIP PORT RICHEY FL 34655

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 7116 Fireside Dr  
4.4 CITY-ST-ZIP Port Richey FL 34668

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Higgins Kelly Higgins

3-8-99 7278170515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)