

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

FILED  
Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S10492 (4)

1. Corporation Name  
CENTER FOR CREATIVE LEARNING, INC.



Principal Place of Business 4152 INDEPENDENCE CT STE C-7 SARASOTA FL 34234	Mailing Address 4152 INDEPENDENCE CT STE C-7 SARASOTA FL 34234-2147
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3. Date Incorporated or Qualified 10/25/1990  
3a. Date of Last Report 04/22/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0230000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
DUNBAUGH, JOHN D  
19800 RINGLING BLVD  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
81 Name DUMBAUGH, JOHN D  
82 Street Address (P.O. Box Number Is Not Acceptable)  
1900 RINGLING BLVD  
83  
84 City SARASOTA FL 85 Zip Code 34236

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DV <input type="checkbox"/> DELETE
NAME	FELDHUSEN, JOHN F.
STREET ADDRESS	2411 TRACE 24, CAMELBACK
CITY - ST - ZIP	WEST LAFAYETTE IN
TITLE	DS <input type="checkbox"/> DELETE
NAME	WITTIG, CAROL
STREET ADDRESS	323 WELLINGTON
CITY - ST - ZIP	KENMORE NY
TITLE	DV <input type="checkbox"/> DELETE
NAME	ISAKSEN, SCOTT
STREET ADDRESS	1095 DODGE RD
CITY - ST - ZIP	GETZVILLE NY
TITLE	D <input type="checkbox"/> DELETE
NAME	FIRESTIEN, ROGER L.
STREET ADDRESS	210 N UNION RD
CITY - ST - ZIP	WILLIAMSVILLE NY
TITLE	D <input type="checkbox"/> DELETE
NAME	MURDOCK, MARY C.
STREET ADDRESS	4297 CHESTNUT RIDGE RD
CITY - ST - ZIP	BUFFALO NY
TITLE	DPT <input type="checkbox"/> DELETE
NAME	TREFFINGER, DONALD J.
STREET ADDRESS	201 BIRD KEY DR
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE: Donald J. Treffinger Donald J. Treffinger 4/1/97 941 351 8862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)