

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1990

4. FEI Number

65-0230000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30, 1998

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D  
1900 RINGLING BLVD  
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

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

83

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

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 NAME STREET ADDRESS CITY-ST-ZIP

DV FELDHUSEN, JOHN F.  
2411 TRACE 24, CAMELBACK  
WEST LAFAYETTE IN

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS WITTIG, CAROL  
323 WELLINGTON  
KENMORE NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV ISAKSEN, SCOTT  
1095 DODGE RD  
GETZVILLE NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D FIRESTIEN, ROGER L.  
210 N UNION RD  
WILLIAMSVILLE NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MURDOCK, MARY C.  
4297 CHESTNUT RIDGE RD  
BUFFALO NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPT TREFFINGER, DONALD J.  
201 BIRD KEY DR  
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

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

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

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

6.1 TITLE 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.

SIGNATURE:

Donald J. Treffinger Donald J. Treffinger 4/29/98 941-8812

CR2E034 (10/97)