

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011299

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC5185534860**

**Entity Name:** THE CENTER FOR LIFELONG LEARNING, INC.

**Current Principal Place of Business:**

1170 MARTIN LUTHER KING, JR. BLVD.  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

1170 MARTIN LUTHER KING, JR. BLVD.  
FORT WALTON BEACH, FL 32547

**FEI Number:** 42-1653729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FISHER, J. MARK  
148 MIRACLE STRIP PKWY, SE, STE. 2  
FORT WALTON BEACH, FL 32548 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAUER, KAREN  
Address 9 MAGNOLIA AVE  
City-State-Zip: SHALIMAR FL 32579

Title 1 VP  
Name BLAKLEY, NORM  
Address 2835 TAMIAMI TRAIL  
City-State-Zip: CRESTVIEW FL 32539

Title T  
Name CARNEY, JAMES R.  
Address 300 WINDWARD CV W  
City-State-Zip: NICEVILLE FL 32548

Title S  
Name BRADFORD, MARTHA  
Address 101 12TH AVE  
City-State-Zip: SHALIMAR FL 32547

Title B  
Name YOUNGBLOOD, JACKIE  
Address 13 CARL BRANDT DR  
City-State-Zip: SHALIMAR FL 32579

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES R. CARNEY

**TREASURER**

**01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date