

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093945

Entity Name: BROWNING LEARNING CENTER, INC.**Current Principal Place of Business:**961 EASTBRIDGE DRIVE
OVIEDO, FL 32765**Current Mailing Address:**961 EASTBRIDGE DRIVE
OVIEDO, FL 32765 US**FEI Number:** 20-3113145**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOLTUN, JEFFREY M
150 SPARTAN DRIVE
SUITE 100
MAITLAND, FL 33751 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	DP
Name	BROWNING, RONALD S
Address	1179 OSPREY WAY
City-State-Zip:	APOPKA FL 32712
Title	D
Name	BROWNING, VICTORIA J
Address	2799 WEST LIVE OAK LANE
City-State-Zip:	LECANTO FL 34461

Title	VSD
Name	BROWNING, SHARON M
Address	1179 OSPREY WAY
City-State-Zip:	APOPKA FL 32712
Title	D
Name	BROWNING, RONALD A J
Address	2799 WEST LIVE OAK LANE
City-State-Zip:	LECANTO FL 34461

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

SIGNATURE: SHARON M. BROWNING**SECRETARY****03/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date