

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004149

Entity Name: LINDAMOOD-BELL LEARNING PROCESSES CORP**Current Principal Place of Business:**416 HIGUERA STREET
SAN LUIS OBISPO, CA 93401**Current Mailing Address:**416 HIGUERA STREET
SAN LUIS OBISPO, CA 93401**FEI Number:** 77-0140920**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	TREA
Name	BELL, Nanci
Address	416 HIGUERA STREET
City-State-Zip:	SAN LUIS OBISPO CA 93401

Title	SECR
Name	LINDAMOOD, PHYLLIS
Address	416 HIGUERA STREET
City-State-Zip:	SAN LUIS OBISPO CA 93401

Title	P
Name	BELL, ALISON
Address	416 HIGUERA STREET
City-State-Zip:	SAN LUIS OBISPO CA 93401

Title	DIRECTOR
Name	CONWAY, DAVID
Address	416 HIGUERA STREET
City-State-Zip:	SAN LUIS OBISPO CA 93401

Title	DIRECTOR
Name	SLOWINSKI, GREG
Address	416 HIGUERA STREET
City-State-Zip:	SAN LUIS OBISPO CA 93401

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: ALISON BELL**DIRECTOR****01/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date