


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90002 045 ***150.00

DOCUMENT # H81638			
1. Entity Name BREVARD LEARNING CLINIC, INC.			
Principal Place of Business 1900 S HARBOR CITY BLVD #231 MELBOURNE, FL 32901		Mailing Address 1900 S HARBOR CITY BLVD #231 MELBOURNE, FL 32901	
2. Principal Place of Business		3. Mailing Address 1321 Murfreesboro Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 702	
City & State		City & State Nashville, TN	
Zip		Zip 37217	
Country		Country U.S.A.	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL REGISTERED AGENTS, INC. 26 E. PARK AVE. TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JEFFERS, BARBARA C. 353 DAYTON BLVD. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Claypool 1321 Murfreesboro Pike, Ste 702 Nashville, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFERS, DAVID PO BOX 204 CENTER TUFTONBORO, NH 03816 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO & EVP & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donald B. Whitfield 1321 Murfreesboro Pike, Ste 702 Nashville, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFFERS, JEN 630 SUPERIOR TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFFERS, JOHN H 353 DAYTON BLVD MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Donald B. Whitfield / DONALD B. WHITFIELD</u>		Date: <u>7/9/04</u> Daytime Phone #: <u>615-361-4000</u>	

54069060



07082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2611041 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required