

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007395

**Entity Name:** THE WHOLE CHILD LEARNING CENTER, INC.

**Current Principal Place of Business:**

5495 BRYSON DR., STE. 423  
NAPLES, FL 34109

**Current Mailing Address:**

5495 BRYSON DR., STE. 423  
NAPLES, FL 34109 US

**FEI Number: 81-3380324**

**Certificate of Status Desired: No**

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

SPOOR LAW, P.A.  
111 2ND AVENUE NE, STE. 1600  
ST. PETERSBURG, FL 33701 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 MCKENZIE, JULIE  
Address 929 NOTTINGHAM  
City-State-Zip: NAPLES FL 34109

Title T  
Name MALONE, MARK  
Address 3464 DONOSO CT.  
City-State-Zip: NAPLES FL 34109

Title VP  
Name HAMBURG, STACY  
Address 969 NOTTINGHAM DR  
City-State-Zip: NAPLES FL 34109

Title S  
Name TAISHOFF, KATHY  
Address 1655 VINLAND WAY  
City-State-Zip: NAPLES FL 34105

Title D  
Name PORTNOY, LISA  
Address 9838 COUNTRY OAKS  
City-State-Zip: FT. MYERS FL 33967

Title PRESIDENT  
Name BOXMA, AUDRA DAWN  
Address 3392 ARLETTE DR  
City-State-Zip: NAPLES FL 34109

*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: BOXMA, AUDRA D**

**PRESIDENT**

**03/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date