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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711090** **(1)**

1. Corporation Name

COMMUNITY PRIDE CHILD CARE CENTER OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
1235 HOLT AVE CLEARWATER FL 34615 US	1235 HOLT AVE CLEARWATER FL 34615 US

3. Date Incorporated or Qualified: 06/22/1966

4. FEI Number: 59-0908144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33756 Country 25: Pinellas	Zip 29: 33755 Country 30: Pinellas

9. Name and Address of Current Registered Agent

SKELTON, MARTHA
1460 BYRAM DR
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1198 Rollings OAKS Ave

83

84 City: Tarpon Springs FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, CHRISTINE N		1.2 NAME		
STREET ADDRESS	1044 N MADISON AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SKELTON, MARTHA M		2.2 NAME		
STREET ADDRESS	1460 BYRAM DR		2.3 STREET ADDRESS	1198 Rollings OAKS Ave	
CITY-ST-ZIP	CLEARWATER, FL 00000		2.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, GLORIA		3.2 NAME		
STREET ADDRESS	1077 WEATHERSFIELD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, ROBERT		4.2 NAME		
STREET ADDRESS	1091 WEATHERFIELD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STONOM, MARGIE		5.2 NAME		
STREET ADDRESS	1258 SEMINOLE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, MARLENE		6.2 NAME		
STREET ADDRESS	806 N JEFFERSON		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha M. Skelton Martha M. Skelton 4-14-98 (813) 443-0958