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03-16-1999 90029 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711090**

1. Corporation Name

COMMUNITY PRIDE CHILD CARE CENTER OF CLEARWATER, INC.

230707 - 90029 - 41

Principal Place of Business	Mailing Address
1235 HOLT AVE CLEARWATER FL 33755 US	1235 HOLT AVE CLEARWATER FL 33755 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 06/22/1966 4. FEI Number 59-0908144 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SKELTON, MARTHA
1198 ROLLING OAKS AVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	1198 ROLLING OAKS AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2. 4 CITY-ST-ZIP	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Martha M Skelton SIGNATURE REQUIRED 3/20/99 (727) 443-0968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Martha M Skelton