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Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 717448 (5)

1. Corporation Name

LOUISE H. GRAHAM DEVELOPMENTAL TRAINING CENTER,  
INC.

Principal Place of Business

2301 3RD AVE SOUTH  
ST PETERSBURG FL 33712-1646  
US

Mailing Address

2301 3RD AVE S  
ST. PETERSBURG FL 33712-1646  
US3. Date Incorporated or Qualified  
10/27/19693a. Date of Last Report  
04/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number  
59-1305743Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEEDS, FRANK I  
120 ASPEN CIR  
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name Frank Leeds III

82 Street Address (P.O. Box Number is Not Acceptable)  
560 Boca Ciega Blvd N

83 City St Petersburg

84 FL 85 Zip Code 33712

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 6, 1997

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WHITHEAD, LOUIS  
STREET ADDRESS 5119 CORDOVA WAY S.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETETITLE VD  
NAME SHIRLEY, BENJAMIN  
STREET ADDRESS 627 69TH AVE. S.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETETITLE SD  
NAME CLINGMAN, JAY D  
STREET ADDRESS 140 7TH AVE S.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETETITLE ED  
NAME LEEDS, FRANK III  
STREET ADDRESS 560 BOCA CIEGO POINT BLVD NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETETITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 as an attachment with an address.

SIGNATURE: Frank Leeds, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050870

CR2E037 (9/96)