

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710249 (4)
1. Corporation Name

THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

Principal Place of Business

Mailing Address

98 CINQUEZ PARK W
JUPITER FL 33458

98 CINQUEZ PARK W
JUPITER FL 33458



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1966	3a. Date of Last Report 04/26/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1141608	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STEELE, ANNIE 6634 THIRD ST HUPITER FL 33458				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MAGROGAN, PAT	1.2 NAME	SUSAN RYAN
STREET ADDRESS	12 W RIVERSIDE DR.	1.3 STREET ADDRESS	19428 GULFSTREAM DR.
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VPD	2.1 TITLE	VPD
NAME	SULLIVAN, FRANK	2.2 NAME	PATRICIA MAGROGAN
STREET ADDRESS	142 BRIDGE ROAD	2.3 STREET ADDRESS	12 W RIVERSIDE DR
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	SD	3.1 TITLE	
NAME	STEELE, ANNIE C.	3.2 NAME	
STREET ADDRESS	6634 THIRD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	100001715451
NAME	RUNNER, EDNA W.	4.2 NAME	-02/15/96--01029--045
STREET ADDRESS	17741 CARVER AVE.	4.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PITTMAN, THELMA	5.2 NAME	
STREET ADDRESS	1722 76 ROAD 67	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T
NAME	ROBERTS, PAM	6.2 NAME	CLAY LAIRSEN
STREET ADDRESS	17547 BRIDLE CT	6.3 STREET ADDRESS	3338 COLLIN DR
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: Thelma B. Pittman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-22-96 (407) 746-7120
Date Day, Time Phone #

CR2E037 (12/95)