

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90042 043 ****70.00

0045368

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 710249

1. Corporation Name

THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

Principal Place of Business

98 CINQUEZ PK RD. W. JUPITER FL 33458 US

Mailing Address

98 CINQUEZ PK RD. W. JUPITER FL 33458 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/25/1966

4. FEI Number

59-1141608

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LAWSON, RUTH S 1747 37TH ST WEST PALM BEACH FL 33407

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME RYAN, SUSAN STREET ADDRESS 19428 GULFSTREAM DR. CITY-ST-ZIP TEQUESTA FL 33469

TITLE VPD [] DELETE

NAME MAGROGAN, PATRICIA STREET ADDRESS 12 W RIVERSIDE DR CITY-ST-ZIP TEQUESTA FL 33469

TITLE SD [x] DELETE

NAME STEELE, ANNIE C. STREET ADDRESS 6634 THIRD ST. CITY-ST-ZIP JUPITER FL

TITLE SD [] DELETE

NAME LAWSON, RUTH S STREET ADDRESS 1747 37TH ST CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D [] DELETE

NAME PITTMAN, THELMA STREET ADDRESS 17276 ROAD 67 CITY-ST-ZIP JUPITER FL 33468

TITLE T [] DELETE

NAME LAIRSEN, CLAY STREET ADDRESS 3338 COLLIN DR CITY-ST-ZIP WEST PALM BEACH FL 33406

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-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1/14/99

(561) 746-7120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)