

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2004  
Secretary of State**

DOCUMENT# 710249

Entity Name: THELMA B. PITTMAN JUPITER PRE-SCHOOL, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

98 CINQUEZ PK RD. W.  
JUPITER, FL 33458 US

**Current Mailing Address:**

**New Mailing Address:**

98 CINQUEZ PK RD. W.  
JUPITER, FL 33458 US

FEI Number: 59-1141608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: LAWSON, RUTH S  
Address: 1747-37TH STREET  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Delete  
Name: MAGROGAN, PATRICIA  
Address: 12 WEST RIVERSIDE DR.  
City-St-Zip: TEQUESTA, FL 33469

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Delete  
Name: LEAVITT, GEORGE  
Address: 10120 CAOBA ST.  
City-St-Zip: PAL BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Delete  
Name: LEAVITT, BETTY  
Address: 10120 CAOBA STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: MAGROGAN, WILLIAM  
Address: 12 WEST RIVERSIDE DR.  
City-St-Zip: TEQUESTA, FL 33469

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Delete  
Name: MARTI, MIGUEL  
Address: 110 NORFOLK RD.  
City-St-Zip: TEQUESTA, FL 33469

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH S. LAWSON

MD

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date