

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710249

FILED
Jan 31, 2008
Secretary of State

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

Current Principal Place of Business:

17593 CINQUEZ PARK ROAD WEST
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

17593 CINQUEZ PARK ROAD WEST
JUPITER, FL 33458 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

Title: TD () Delete
Name: BOYHAN, TOM
Address: 342 TONEY PENNA DRIVE
City-St-Zip: JUPITER, FL 33458 US

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

Title: CD () Delete
Name: MAGROGAN, WILLIAM
Address: 12 WEST RIVERSIDE DRIVE
City-St-Zip: TEQUESTA, FL 33469 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/31/2008

Electronic Signature of Signing Officer or Director

_____ Date