

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 # 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
US**



3. Date Incorporated or Qualified
10/27/1969

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEEDS, FRANK I
120 ASPEN CIR
SEMINOLE FL 34647**

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, if applicable,

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WHITHEAD, LOUIS**
CITY-ST-ZIP **5119 CORDOVA WAY S.
ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SHIRLEY, BENJAMIN**
CITY-ST-ZIP **627 69TH AVE. S.
ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CLINGMAN, JAY D**
CITY-ST-ZIP **140 7TH AVE S.
ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **ED**
STREET ADDRESS **LEEDS, FRANK III**
CITY-ST-ZIP **120 ASPEN CIR
SEMINOLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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-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 **560 Boca Ciega Point Blvd N**
4.4 CITY-ST-ZIP **St Petersburg FL 33708**

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 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 if changed, or on an attachment with an address.

SIGNATURE:

Frank Leeds III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96
Date

813-327-9444
Daytime Phone

CR2E037 (12/95)