FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721905 (8)

1. Corporation Name

ST. PETER CLAVER DAY CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1431 TAMPA PARK PLAZA TAMPA FL 33605-4821	1431 TAMPA PARK PLAZA TAMPA FL 33605-4821

3. Date Incorporated or Qualified: **10/19/1971**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1361957** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

22: Suite, Apt. #, etc.

27: Suite, Apt. #, etc.

23: City & State

28: City & State

24: Zip 25: Country

29: Zip 30: Country

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WITHERS, VERONICA
1431 TAMPA PARK PLAZA
TAMPA FL 33605-1821

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

(signature, typed or printed name of registered agent, and the date signed) (if other than Registered Agent, signature, typed or printed name, and title or authority)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	NYAMBO, CALLIST REV	12 NAME	NYAMBO, CALLIST REV.	
STREET ADDRESS	PO BOX 5057 N/A	13 STREET ADDRESS	1203 NORTH NEBRASKA AVENUE	
CITY ST ZIP	TAMPA FL 33675	14 CITY ST ZIP	TAMPA, FL 33602	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	HASKINS, MARY SISTER	22 NAME		
STREET ADDRESS	24862 US HWY 19 N 3602	23 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL 34623	24 CITY ST ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BUCKWELL, L.E.	32 NAME	BUCKWELL, L.E.	
STREET ADDRESS	618 ROLLING WOOD LN.	33 STREET ADDRESS	12401 22ND STREET NORTH	
CITY ST ZIP	VALRICO FL 33594	34 CITY ST ZIP	TAMPA, FL 33612	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	D'ANGELO, ROCCO REV.	42 NAME		
STREET ADDRESS	6624 TRAVIS BLVD.	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33610	44 CITY ST ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	BUCKLEY, FREDERICK REV	52 NAME		
STREET ADDRESS	3902 TUDOR CT #182	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33614	54 CITY ST ZIP		
TITLE	D	61 TITLE	DELETE	☒ Change ☐ Addition
NAME	BUCKWELL, PAULINE	62 NAME	"	
STREET ADDRESS	618 ROLLINGWOOD LN	63 STREET ADDRESS	"	
CITY ST ZIP	VALRICO FL 33594	64 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)(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.

SIGNATURE: _____ Callist Nyambo 4-26-95 (813) 229-7632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063826

721905

ATTACHMENT

CORPORATION ANNUAL REPORT 1995

ST. PETER CLAVER DAY CARE CENTER, INC.
1431 TAMPA PARK PLAZA
TAMPA, FL 33605-4821

Block 12. Officers and Directors/Additional

7.1	Title	D
7.2	Name	Casey, Patricia
7.3	Address	15509 Furlong Circle
7.4	City-St-Zip	Odessa, FL 33556
8.1	Title	D
8.2	Name	Garcia, Rigoberto Sr.
8.3	Address	3402 East Paris St.
8.4	City-St-Zip	Tampa, FL 33610
9.1	Title	D
9.2	Name	Withers, Veronica
9.3	Address	1431 Tampa Park Plaza
9.4	City-St-Zip	Tampa, FL 33605