

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 # 721905 (8)

1. Corporation Name

ST. PETER CLAVER DAY CARE CENTER, INC.

Principal Place of Business

**1431 TAMPA PARK PLAZA
TAMPA FL 33605-4821**

Mailing Address

**1431 TAMPA PARK PLAZA
TAMPA FL 33605-4821**



3. Date Incorporated or Qualified
10/19/1971

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-1361957

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 officer 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **NYAMBO, CALLIST REV**
STREET ADDRESS **1203 NORTH NEBRASKA AVENUE**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **CASEY PATRICIA**
1.3 STREET ADDRESS **15509 FURLONG CIRCLE**
1.4 CITY-ST-ZIP **ODESSA, FLORIDA 33556**

TITLE **STD** ☐ DELETE
NAME **HASKINS, MARY SISTER**
STREET ADDRESS **24862 US HWY 19 N 3602**
CITY-ST-ZIP **CLEARWATER FL 34623**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **GARCIA, RIGOBERTO SR.**
2.3 STREET ADDRESS **12608 STILLWATER TERRACE DRIVE**
2.4 CITY-ST-ZIP **CARROLLWOOD, FLORIDA 33624**

TITLE **D** ☒ DELETE
NAME **BUCKWELL, L.E.**
STREET ADDRESS **12401 22ND STREET NORTH**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **MD/D** ☐ Change ☒ Addition
3.2 NAME **WITHERS, VERONICA**
3.3 STREET ADDRESS **2528 WATROUS AVENUE**
3.4 CITY-ST-ZIP **TAMPA, FLORIDA 33629**

TITLE **D** ☒ DELETE
NAME **D'ANGELO, ROCCO REV.**
STREET ADDRESS **6624 TRAVIS BLVD.**
CITY-ST-ZIP **TAMPA FL 33610**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **BUCKLEY, FREDERICK REV**
STREET ADDRESS **3902 TUDOR CT #182**
CITY-ST-ZIP **TAMPA FL 33614**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rigoberto Garcia, Sr.

4-25-96

Date

(813) 264-0930

Daytime Phone #

CR2E037 (12/95)