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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1431 TAMPA PARK PLAZA  
TAMPA FL 33605-4821

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TAMPA FL 33605-4821

3. Date Incorporated or Qualified  
10/19/1971

3a. Date of Last Report  
05/01/1996

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 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 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  
NAME NYAMBO, CALLIST REV  
STREET ADDRESS 1203 NORTH NEBRASKA AVENUE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE D  
1.2 NAME JACKSON, MOZELLA  
1.3 STREET ADDRESS 3910 LOUISIANA AVENUE  
1.4 CITY-ST-ZIP TAMPA, FL 33610

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE MD  
NAME WITHERS, VERONICA  
STREET ADDRESS 2528 WATROUS AVENUE  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME CASEY, PATRICIA  
STREET ADDRESS 15509 FURLONG CIRCLE  
CITY-ST-ZIP ODESSA FL

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

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

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

TITLE D  
NAME GARCIA, RIGOBERTO SR.  
STREET ADDRESS 12608 STILLWATER TERRACE DRIVE  
CITY-ST-ZIP CARROLLWOOD FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Rev. Fr. Callist Nyambo Rev. Fr. Callist Nyambo 4-16-97 (813) 223-7098

CR2E037 (9/96)