

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

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

3. Date Incorporated or Qualified

**10/18/1971**

4. FEI Number

**59-1361957**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ Yes ☒ No

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **STD  
HASKINS, MARY SISTER**  
STREET ADDRESS **24882 US HWY 19 N 3602**  
CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D  
NYAMBO, CALLIST REV.**  
1.3 STREET ADDRESS **2624 UNION STREET**  
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D  
JACKSON, MOZELLA**  
2.3 STREET ADDRESS **3910 LOUISIANA AVENUE**  
2.4 CITY-ST-ZIP **TAMPA, FL 33610**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D  
LAMP, EDWARD REV.**  
3.3 STREET ADDRESS **1203 NORTH NEBRASKA AVENUE**  
3.4 CITY-ST-ZIP **TAMPA, FL 33602**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **PD  
BUCKLEY, FREDERICK REV.**  
5.3 STREET ADDRESS **3902 TUDOR CT. #182**  
5.4 CITY-ST-ZIP **TAMPA, FL 33614**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-98**

Date

**(813) 22907632**

Daytime Phone # 0048108

CR2E037 (10/97)