

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90070 026 \*\*\*\*70.00

**DOCUMENT # 721905**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**10/19/1971**

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

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 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 **D** ☐ DELETE  
NAME **NYAMBO, CALLIST REV**  
STREET ADDRESS **2624 UNION ST**  
CITY-ST-ZIP **ST PETERSBURG FL 33712**

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

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

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

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

TITLE **D** ☐ DELETE  
NAME **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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

(813) 229-7632

Daytime Phone #

CR2E037 (11/98)