

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721905

**FILED**  
**May 01, 2004**  
**Secretary of State****Entity Name:** ST. PETER CLAVER DAY CARE CENTER, INC.**Current Principal Place of Business:**1431 TAMPA PARK PLAZA  
TAMPA, FL 336054821**New Principal Place of Business:**1431 TAMPA PARK PLAZA STREET  
TAMPA, FL 336054821**Current Mailing Address:**1431 TAMPA PARK PLAZA  
TAMPA, FL 336054821**New Mailing Address:**1431 TAMPA PARK PLAZA STREET  
TAMPA, FL 336054821**FEI Number:** 59-1361957**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WITHERS, VERONICA  
1431 TAMPA PARK PLAZA  
TAMPA, FL 336051821 US**Name and Address of New Registered Agent:**WITHERS, VERONICA  
1431 TAMPA PARK PLAZA STREET  
TAMPA, FL 336051821 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

05/01/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASEY, PATRICIA  
Address: 15509 FURLONG CIRCLE  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: GARCIA, RIGOBERTO S  
Address: 12608 SSTILLWATER TERRACE DRIVE  
City-St-Zip: CARROLLWOOD, FL

Title: STD ( ) Delete  
Name: HASKINS, MARY  
Address: 24862 S. HWY 19 NORTH -SUITE 3602  
City-St-Zip: CLEARWATER, FL 34623

Title: D ( ) Delete  
Name: JACKSON, MOZELLA  
Address: 3910 LOUISIANA AVENUE  
City-St-Zip: TAMPA, FL 33610

Title: PD ( ) Delete  
Name: NYAMBO, CALLIST  
Address: 2624 UNION STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: MD ( ) Delete  
Name: WITHERS, VERONICA  
Address: 2528 WATROUS AVENUE  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CASEY, PATRICIA  
Address: 15509 FURLONG CIRCLE  
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change ( ) Addition  
Name: GARCIA, RIGOBERTO S  
Address: 12608 STILLWATER TERRACE DRIVE  
City-St-Zip: CARROLLWOOD, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA WITHERS

MD

05/01/2004

Electronic Signature of Signing Officer or Director

Date