

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721905

FILED
May 01, 2005
Secretary of State

Entity Name: ST. PETER CLAVER DAY CARE CENTER, INC.

Current Principal Place of Business:

1431 TAMPA PARK PLAZA STREET
TAMPA, FL 336054821

New Principal Place of Business:

Current Mailing Address:

1431 TAMPA PARK PLAZA STREET
TAMPA, FL 336054821

New Mailing Address:

FEI Number: 59-1361957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

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 STILLWATER 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: () 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:

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

05/01/2005

Electronic Signature of Signing Officer or Director

Date