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**Mar 11 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 749641 (7)**

1. Corporation Name  
**THE FLORIDA PARENT-CHILD CENTER, INC.**



Principal Place of Business      Mailing Address  
**2330-9TH ST.S.  
P.O.BOX 10576  
ST PETERSBURG FL 33733**      **2330-9TH ST.,S.  
P.O.BOX 10576  
ST PETERSBURG FL 33733-0576**

3. Date Incorporated or Qualified **11/02/1979**      3a. Date of Last Report **05/15/1996**

2. Principal Place of Business      2a. Mailing Address      4. FEI Number **59-2148803**      Applied For  
**21**      **26**      **59-2148803**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.      5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

City & State      City & State      6. Election Campaign Financing      **\$5.00 May Be  
Trust Fund Contribution**       **Added to Fees**

Zip      Country      Zip      Country      8. This corporation has liability for intangible tax under s. 199.032,  
**24**      **25**      **29**      **30**      Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**NERO, CARRIE W.  
5206 CAESAR WAY, S.  
ST PETERSBURG FL FL 33712**

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	<b>VTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, BETTYE B.</b>	1.2 NAME	
STREET ADDRESS	<b>3800 40 WAY S.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NERO, CARRIE W</b>	2.2 NAME	
STREET ADDRESS	<b>5206 CAESAR WAY S</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, SARA</b>	3.2 NAME	
STREET ADDRESS	<b>4422 POMPANO DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:** Carrie W. Nero *Carrie W. Nero* 2/17/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # **0051306**

CR2E037 (9/96)