

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2008  
Secretary of State**

DOCUMENT# 749641

Entity Name: THE FLORIDA PARENT-CHILD CENTER, INC.

**Current Principal Place of Business:**

2330-9TH ST.,S.  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

2330-9TH ST.,S.  
P.O.BOX 10576  
ST PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 59-2148803      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

**Name and Address of New Registered Agent:**

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: VTD      ( ) Delete  
Name: SCOTT, BETTYE B.,  
Address: 3800 40 WAY S.  
City-St-Zip: ST PETERSBURG, FL 00000,

Title: PD      ( ) Delete  
Name: NERO, CARRIE W,  
Address: 5206 CAESAR WAY S  
City-St-Zip: ST PETERSBURG, FL 00000,

Title: SD      ( ) Delete  
Name: BOYD, SARA,  
Address: 4422 POMPANO DR.  
City-St-Zip: TAMPA, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARRIE W NERO

PD

05/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date