

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749641

FILED  
May 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2330-MARTIN LUTHER KING ST.,S.  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

2330- MARTIN LUTHER KING 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 ( )

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

NERO, CARRIE W.  
5206 CAESAR WAY, S.  
ST PETERSBURG, 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  
Name: SCOTT, BETTYE B.  
Address: 3800 40 WAY S.  
City-St-Zip: ST PETERSBURG,, FL 33712

Title: PD  
Name: NERO, CARRIE W  
Address: 5206 CAESAR WAY S  
City-St-Zip: ST PETERSBURG,, FL 33712

Title: SD  
Name: BOYD, SARA  
Address: P.O. BOX 10576  
City-St-Zip: ST PETERSBURG, FL 33733

Title: SD  
Name: ANDERSON, DOROTHY  
Address: 9701 14TH WAY SO  
City-St-Zip: ST PETERSBURG, FL 33712

I hereby 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 all other like empowered.

SIGNATURE: CARRIE NERO

PD

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date