

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K45521** (7)
1. Corporation Name
DEVELOPMENTAL LEARNING CENTER OF ST. LUCIE COUNTY, FLORIDA, INC.



Principal Place of Business: **% JOHN MAULDIN 2423 TAMARIND DR. FT. PIERCE FL 34949**
Mailing Address: **% JOHN MAULDIN 2423 TAMARIND DR. FT. PIERCE FL 34949-1544**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/16/1988	3a. Date of Last Report 04/29/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0078521	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAULDIN, JOHN 2423 TAMARIND DR. FT. PIERCE FL 34949	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 a member with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *John MAULDIN, PRESIDENT* (Typed name of member or agent and by whom filed)
 Registered Agent signature (required when reinstating): *John MAULDIN* (Typed name)
 DATE: **3/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME MAULDIN, JOHN		1.2 NAME	
1.3 STREET ADDRESS 2423 TAMARIND DR.		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP FT. PIERCE FL		1.4 CITY - ST - ZIP	
2.1 TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME MAULDIN, JOHN		2.2 NAME	
2.3 STREET ADDRESS 2423 TAMARIND DR.		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP FT. PIERCE FL		2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *John MAULDIN* (Typed name of signing officer or director)
 DATE: **3/18/97**
 DAYTIME PHONE # **465-6357**

CR2E034 (9/96)