

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/4/

FILED
Sep 23, 2004 8:00 am
Secretary of State

05-04-2004 90150 029 ****61.25

DOCUMENT # N03000006847						
1. Entity Name DR. SHARON RIGGINS-PATTERSON CHILD DEVELOPMENT ACADEMY, INC.						
Principal Place of Business 2400 CHASE AVE SANFORD, FL 32771			Mailing Address P.O. BOX 671 SANFORD, FL 32772			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 01-0800316		
Zip		Country		Applied For Not Applicable		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RIGGINS-PATTERSON, SHARON 116 STERLING CT SANFORD, FL 32771			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			State FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE Director	NAME Mr. William Robinson		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS P.O. Box 129	CITY-ST-ZIP Waverly FL 33877		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE Director	NAME Mrs. Carolyn Robinson		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS P.O. Box 129	CITY-ST-ZIP Waverly FL 33877		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE Director	NAME Frances Oliver		<input checked="" type="checkbox"/> Delete	TITLE Director	NAME Mrs. Brenda Anderson	
STREET ADDRESS 2726 Buggelaw Blvd	CITY-ST-ZIP Sanford, FL 32772		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 133 Hidden Lake Drive	CITY-ST-ZIP Sanford, FL 32773	
TITLE Secretary	NAME Connie J. Morton		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS 7907 River Ridge Dr.	CITY-ST-ZIP Tampa, FL 33637		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE Director	NAME Dr. Robin Rene Riggins		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS 116 Sterling Ct	CITY-ST-ZIP Sanford, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE Owner	NAME Dr. Sharon Riggins Patterson		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS 116 Sterling Ct.	CITY-ST-ZIP Sanford, FL 32771		<input checked="" type="checkbox"/> CEO	STREET ADDRESS _____	CITY-ST-ZIP _____	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE <i>Sharon Riggins Patterson</i> Sharon Riggins Patterson 8/25/04						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

402-320-2744
462-312-5329 cell