

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09466 (6)
1. Corporation Name

THE J C PROFESSIONAL DEVELOPMENT AND EDUCATIONAL
RESEARCH CENTER, INC.



Principal Place of Business

Mailing Address

%CARRIE W. NERO
5206 CAESAR WAY. SOUTH
ST PETERSBURG FL 33712

%CARRIE W. NERO
5206 CAESAR WAY. SOUTH
ST PETERSBURG FL 33712

3. Date Incorporated or Qualified
05/24/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NERO, CARRIE W.
5206 CAESAR WAY. SOUTH
ST PETERSBURG 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

CDP

☐ DELETE

NAME

NERO, CARRIE W.

STREET ADDRESS

5206 CAESAR WAY SOUTH

CITY - ST - ZIP

ST PETERSBURG FL

TITLE

SD

☐ DELETE

NAME

BLIGEN, GRACE M.

STREET ADDRESS

1500 14TH STREET SOUTH

CITY - ST - ZIP

ST PETERSBURG FL

TITLE

TD

☐ DELETE

NAME

NERO, JOE W.

STREET ADDRESS

5206 CAESAR WAY SOUTH

CITY - ST - ZIP

ST PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

Carrie W. Nero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARRIE W. NERO

9/29/96
Date

(813) 823-5567
Daytime Phone #

CR2E037 (12/95)