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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

N09466 **DOCUMENT #**

(6)

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

Mailing Address Principal Place of Business %CARRIE W. NERO MCARRIE W. NERO 5206 CAESAR WAY, SOUTH 5206 CAESAR WAY. SOUTH ST PETERSBURG FL 33712 3a. Date of Last Report ST PETERSBURG FL 33712 3. Date Incorporated or Qualified 05/01/1995 05/24/1985 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2586505 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032 Country Zφ Country Zin Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 NERO, CARRIE W. 5206 CAESAR WAY, SOUTH 83 ST PETERSBURG FL 33712 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE CDP TOLE 1.2 NAME NERO, CARRIE W. NAME 1.3 STREET ADDRESS **5206 CAESAR WAY SOUTH** STREET ADDRESS 1 4 CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Change Addition DELETE 21 THTLE TITI F SD 22 NAME BLIGEN, GRACE M. NAME 2.3 STREET ADDRESS 1500 14TH STREET SOURH STREET ADDRESS 2 4 CITY - \$1 - ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Addition DELETE 3 1 TITLE TITLE TD 3.2 NAME NERO, JOE W. NAME 3.3 STREET ADDRESS **5206 CAESAR WAY SOUTH** STREET ADDRESS 34 CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated 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 certify 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 12 or Block 13 if changed, or on an attachment with an address.

CAPRIE W. NEW

SAME W. D. D. CAPRILE
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)