## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N

SIGNATURE:

N09466

(6)

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

## FILED Mar 31 1998 8:00am Secretary of State

| RESEARCH CENTER, INC.   |                     |                                 |  |                    |   |   |  |  |  |                        | . <b>8</b> 1811 <b>8</b> 1811 <b>8</b><br>1 <b>8</b> 1811 <b>8</b> 1811 <b>8</b> |                           |
|---|---------------------|---------------------------------|--|--------------------|---|---|--|--|--|------------------------|--|---------------------------|
| Principal Plac  | e of Business       | Mailing Address                 |  |                    |   |   | . 1981)) ait gariff (Brit Diato Aties Ai                   | ı DIŞLI BIZI                                 |  | 1811 81811 1881        |  |                           |
| %CARRIE W. NERO<br>5206 CAESAR WAY, SOUTH<br>ST PETERSBURG FL 33712                     |                     |                                 | %Carrie W. Nero<br>5206 Caesar Way. South<br>St Petersburg Fl. 33712 |                    |   |   |  | 3. Date incorporated or Qualified 05/24/1985 |  |                        |  |                           |
|   |                     |                                 |  |                    |   |   |  |  | 4. FEI Number 59-2586505   |                        | <del></del>  | pplied For ot Applicable  |
| 2. Principal P  | lace of Busine      | \$9                             | 2a. Ma   | iling Address      |   |   |  |  |  |                        | <u> </u>   | Additional                |
| 21  |                     | 26                              |  |                    |   |   | 5. Certificate of Status Desired                           | CT CT  |  | Additional<br>lequired |  |                           |
| Suite, Apt.   | #, etc.             | Suite, Apt. #, etc.             |  |                    |   |   | 6. Election Campaign Financing                             |  | \$5.00   |                        |  |                           |
| 22  |                     | 27                              |  |                    |   |   | Trust Fund Contribution                                    |  | Added t  |                        |  |                           |
| City & Stat   | e                   | City & State                    |  |                    |   |   | 7. Is this nonprofit corporation a homeowners association? |  |  |                        |  |                           |
| 23  |                     |                                 |  | 28                 |   |   |  | ☐ Yes ☑ No                                   |  |                        |  |                           |
| Zip   | Country             |                                 | ———— `   |                    |   | Country   |  | 1  | 8. This corporation owns or has paid the current year intangible Personal Property Tax due June 30. Yes  No  |                        |  |                           |
| 24  |                     | nd Address of Current           | 29 Registere   | d Anent            | 30  | т—  |  |  | 10. Name and Address of New Reg  |                        |  | E 140                     |
|   |                     |                                 |  |                    |   | B1  | Name   |  | 10,  |                        |  |                           |
| NERO (  | CARRIE W.           |                                 |  |                    |   |   |  |  |  | <del></del>            |  |                           |
|   | LESAR WAY.          |                                 |  |                    | 82  | Street  | Addres   | ddress (P.O. Box Number is Not Acceptable)   |  |                        |  |                           |
|   | ERSBURG FL          |                                 |  |                    | 63  |   |  |  |  |                        |  |                           |
| <br>  |                     |                                 |  |                    |   | 84  | City   |  | · · _ · _ · · · · · · · · · · · · ·  | FL                     | <b>85</b> Zip  | Code                      |
| 11 Purcuent   | to the provision    | no of Continue 617 0500         | and 617 1  | EOO Elorido Crota  | on the o  | ) <u> </u>  | namad  | 00100  | ation authorite this statement for the sur   |                        | obendes i  | to registered             |
| office or r   | registered age      | nt, or both, in the State of    | of Florida S   | such change was    | es, me a<br>authorize   | d by  | the corp   | poration                                     | ation submits this statement for the pun's board of directors. I hereby accept   | the appo               | intment as   | registered<br>beredstered |
| _   | ım familiar with    | , and accept the obliga         | tions of, Se   | ction 617.0503, Fl | orida Sta   | tutes   |  |  |  |                        |  | J                         |
| SIGNATURE .   | Signature, typed or | printed name of registered agen | and title if ann   | licable. (NOT      | E: Registere  | d Age   | nt signature   | required                                     | when reinstating)  | DATE                   |  | <del></del>               |
| 12.   |                     | OFFICERS AND                    |  |                    | 13.   |   | •  | .,   | ADDITIONS/CHANGES TO OFFICE  |                        | DIRECTO  | RS IN 12                  |
| TITLE   | CDP                 |                                 |  | DELETE             | 1.1 Te  | TLE   |  |  |  |                        | Change   | Addition                  |
| NAME  | NERO, CA            |                                 |  |                    | 1.2 N   | AME   | ]  |  |  |                        |  | J.                        |
| STREET ADDRESS  | ,                   | SAR WAY SOUTH                   |  |                    | 1,3 S   | TREET   | ADDRESS  |  |  |                        |  | Já                        |
| CITY-ST-ZIP   |                     | ISBURG FL                       |  |                    | 1.4 C   | ITY-S   | T-ZIP  |  |  |                        |  |                           |
| TITLE   | \$D                 |                                 |  | ☐ DELĒTE           | 2.1 ₹   | ITLE  | -  | SI   | )  |                        | Change   | Addition                  |
| NAME  | ,                   | GRACE M.                        | _  | eceased            | 2.2 N   | AME   |  | MAG  | are Letia Bligen   |                        |  | 1                         |
| STREET ADDRESS  |                     | H STREET SOURH                  | De   | eceasea            | 2.3 \$  | TREET   | ADDRESS  | 500  | of Caesar Way So   |                        |  | j                         |
| CITY-ST-ZIP   |                     | ISBURG FL                       |  |                    | 2.40  | ITY-\$  | T-ZIP  | $\mathbf{X}$                                 | 300000000000000000000000000000000000000  | 331                    | 2  |                           |
| TITLE   | TD                  |                                 |  | I I DELETE         | 3.1 T   | *   |  |  | MERCY = BUTT, F-P  | 2//                    |  | ☐ Addition                |
| NAME  | I NEWILL            |                                 |  | DELETE             |   |   | i  |  | ore, Letia Bligen<br>ob Caesar Way So<br>petersburg, Et 3  | 3//                    | Change   | - i                       |
|   |                     | E W.                            |  | [ ] DECEIE         | 3.2 N   | AME   |  |  | marinary, 24   | 3//                    | Change   | _                         |
| STREET ADDRESS  | 5206 CAE            | SAR WAY SOUTH                   |  | DECENT             | 3.2 N   | AME   | ADDRESS  |  | remisent, or   | 3//                    | Change   |                           |
| CITY-ST-ZIP   | 5206 CAE            |                                 |  |                    | 3.2 N<br>3.3 S<br>3.4. 0  | AME<br>Treet  | ADDRESS  |  |  |                        |  |                           |
|   | 5206 CAE            | SAR WAY SOUTH                   |  | DELETE             | 3.2 N<br>3.3 S<br>3.4. 0<br>4.1 T   | AME<br>TREET<br>CITY - S<br>ITLE  | ADDRESS  |  | MAN SENT, ST   |                        | Change Change  | ☐ Addition                |
| CITY-ST-ZIP<br>TITLE<br>NAME  | 5206 CAE            | SAR WAY SOUTH                   |  |                    | 3.2 N<br>3.3 S<br>3.4. C<br>4.1 Tl<br>4. 2 N  | ame<br>Treet<br>HTY-S<br>ITLE<br>IAME   | ADDRESS<br>T-ZIP   |  | - MAN = 10 M1 - 3  |                        |  |                           |
| CITY-ST-ZIP<br>TITLE  | 5206 CAE            | SAR WAY SOUTH                   | <del></del>  |                    | 3.2 N<br>3.3 S<br>3.4. C<br>4.1 Tl<br>4. 2 N  | ame<br>Treet<br>HTY-S<br>ITLE<br>IAME   | ADDRESS  |  | - MAN = 10 M1 - 3  |                        |  |                           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | 5206 CAE            | SAR WAY SOUTH                   |  | ☐ DELETE           | 3.2 N<br>3.3 S<br>3.4. C<br>4.1 Ti<br>4. 2 N<br>4.3 S                                   | ame<br>Treet<br>City-s<br>Itle<br>Iame<br>Treet                               | ADDRESS<br>T-ZIP<br>ADDRESS                                |  | THE PERIOD OF THE  | <del></del> -          | ☐ Change   | Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                 | 5206 CAE            | SAR WAY SOUTH                   |  |                    | 3.2 N<br>3.3 S<br>3.4. C<br>4.1 Tl<br>4. 2 N<br>4.3 S<br>4.4 C                          | AME TREET OUTLE HAME TREET TY-SI  | ADDRESS<br>T-ZIP<br>ADDRESS                                |  | TRANSMIJ, EP   | <del></del> -          |  |                           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                            | 5206 CAE            | SAR WAY SOUTH                   |  | ☐ DELETE           | 3.2 N<br>3.3 S<br>3.4.0<br>4.1 TI<br>4.2 N<br>4.3 S<br>4.4 C<br>5.1 TI                  | AME TREET CITY-S TILE TABLE TREET TILE AME                                    | ADDRESS T-ZIP  ADDRESS T-ZIP                               |  | THE TENT OF THE TE | <del></del> -          | ☐ Change   | Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS             | 5206 CAE            | SAR WAY SOUTH                   |  | ☐ DELETE           | 32 N<br>33 S<br>34 C<br>4.1 Ti<br>4.2 N<br>4.3 S<br>4.4 C<br>5.1 Ti<br>5.2 N<br>5.3 S   | AME TREET CITY-S TILE TREET TY-ST TLE AME TREET                               | ADDRESS IT-ZIP ADDRESS IT-ZIP ADDRESS ADDRESS              |  |  | <del></del> -          | ☐ Change   | Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5206 CAE            | SAR WAY SOUTH                   |  | ☐ DELETE           | 32 N<br>33 S<br>34 C<br>41 Tl<br>4 2 N<br>43 S<br>44 C<br>51 Tl<br>52 N<br>53 S<br>54 C | AME TREET LITY-S TABLE TABLE TABLE TABLE TABLE TABLE TABLE TREET TITY-ST      | ADDRESS IT-ZIP ADDRESS IT-ZIP ADDRESS ADDRESS              |  | TRANSPORT, CP  |                        | Change Change  | Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS             | 5206 CAE            | SAR WAY SOUTH                   |  | ☐ DELETE           | 32 N<br>33 S<br>34 C<br>4.1 Ti<br>4.2 N<br>4.3 S<br>4.4 C<br>5.1 Ti<br>5.2 N<br>5.3 S   | AME TREET TREET TILE TAME TAEET TILE TAME TREET TREET TREET TREET TREET TREET | ADDRESS IT-ZIP ADDRESS IT-ZIP ADDRESS ADDRESS              |  |  |                        | ☐ Change   | Addition                  |

14. 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 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 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 it charged, or on an attachment with an address.