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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09466

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

Principal Place of Business %CARRIE W. NERO 5206 CAESAR WAY, SOUTH ST PETERSBURG FL 33712	Mailing Address %CARRIE W. NERO 5206 CAESAR WAY, SOUTH ST PETERSBURG FL 33712
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21 Principal Place of Business Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Mailing Address Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	30	3. Date Incorporated or Qualified 05/24/1985	4. FEI Number 59-2586505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees							

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	NERO, CARRIE W.	
STREET ADDRESS	5206 CAESAR WAY SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOORE, LETIA BLIGEN	
STREET ADDRESS	5206 CAESAR WAY SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NERO, JOE W.	
STREET ADDRESS	5206 CAESAR WAY SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CARRIE W. NERO* **SIGNATURE REQUIRED** 5/27/99 (727)823-6969

DATE: 5/27/99 DAYTIME PHONE: (727)823-6969

CR2E037 (1/98)