

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09466

FILED  
Jun 04, 2004  
Secretary of State

**Entity Name:** THE J C PROFESSIONAL DEVELOPMENT AND EDUCATIONAL RESEARCH CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2586505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CDP ( ) Delete  
Name: NERO, CARRIE W.,  
Address: 5206 CAESAR WAY SOUTH  
City-St-Zip: ST PETERSBURG, FL

Title: SD ( ) Delete  
Name: MOORE, LETIA BLIGEN  
Address: 5206 CAESAR WAY SO  
City-St-Zip: ST PETERSBURG, FL 33712

Title: TD ( ) Delete  
Name: NERO, JOE W.,  
Address: 5206 CAESAR WAY SOUTH  
City-St-Zip: ST PETERSBURG, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Change (X) Addition  
Name: SCOTT, BETTYE B  
Address: 3838 37TH ST SO #60  
City-St-Zip: ST PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE W NERO

CDP

06/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date