

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 10, 2006
Secretary of State**

DOCUMENT# N09466

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:

%CARRIE W. NERO
2330 DR MARTIN LUTHER KING ST SO
ST PETERSBURG, FL 33705

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: MOORE, LETIA BLIGEN
Address: 4437 12TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

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

Title: SD () Delete
Name: GLYNN, CYNTHIA
Address: 4651 FAIRFIELD AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

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

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

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

Title: SD () Delete
Name: NERO, JOE W SR
Address: 5206 CAESAR WAY SO
City-St-Zip: ST PETERSBURG, FL 33712

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PD

05/10/2006

Electronic Signature of Signing Officer or Director

_____ Date