

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 9:56

DOCUMENT # N10537

(1)

1. Corporation Name

PORT ST. LUCIE CHRISTIAN CHILD DEVELOPMENT CENTE
R, INCORPORATED

Principal Place of Business

Mailing Address

JOHN SAMIOTIS
1420 SE FLORESTA DR
PORT ST. LUCIE FL 34983-4016

JOHN SAMIOTIS
14 SE FLORESTA DR
PORT ST. LUCIE FL 34983-4016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/01/1985

08/02/1994

4. FEI Number

Applied For

59-2787087

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

FILING FEE IS
\$61.25 *

Tax Exempt Status

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSSELWHITE, BARBARA
552 SEAHOUSE DR
PORT ST. LUCIE FL 34983

81 Name

Timothy Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

1097 S.W. MC DEWITT AVE.

83

84 City

Port St Lucie FL

85 Zip Code

34453

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SAMIOTIS, JOHN
STREET ADDRESS 2649 SE SOLANA LN
CITY - ST - ZIP PORT ST LUCIE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE SD
NAME STONE, KATHI
STREET ADDRESS 471 CURRY ST
CITY - ST - ZIP PORT ST LUCIE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME DUDLEY, JANE
STREET ADDRESS 2138 BARTHEL ST
CITY - ST - ZIP PORT ST LUCIE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE TD
NAME SUMMERS, DONNA
STREET ADDRESS 413 SE GASPARILLA AVE
CITY - ST - ZIP PORT ST LUCIE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 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 110.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

409-878-8445