

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90018 041 ****70.00

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DOCUMENT # N10537

1. Corporation Name

PORT ST. LUCIE CHRISTIAN CHILD DEVELOPMENT CENTE
R, INCORPORATED

Principal Place of Business

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

Mailing Address

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



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

3. Date incorporated or Qualified

08/01/1985

4. FEI Number

59-2787087

Applied For

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERCIO, LINDA
2562 SW CARPENTER ST
PT ST LUCIE FL 33984

81 Name GUERCIO, LINDA

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

2562 SW CARPENTER ST

83

84

PORT ST. LUCIE

FL

85 Zip Code

34984

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 *Linda Guercio*
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

☐ DELETE

1.1 TITLE C/D
1.2 NAME Samiotis, John
1.3 STREET ADDRESS 2649 S.E. Solana LN
1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34952

☒ Change

☐ Addition

TITLE D
NAME DUDLEY, JANE
STREET ADDRESS 541 SW 36TH ST
CITY-ST-ZIP PALM CITY FL 34990

☒ DELETE

2.1 TITLE S/D
2.2 NAME GUERCIO, LINDA
2.3 STREET ADDRESS 2562 S.W. Carpenter St
2.4 CITY-ST-ZIP Port St. Lucie, FL 34984

☐ Change

☒ Addition

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

☐ DELETE

3.1 TITLE TD
3.2 NAME Summers, Donna
3.3 STREET ADDRESS 413 S.E. Gasparilla Ave.
3.4 CITY-ST-ZIP Port St. Lucie, FL 34983

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE BM
4.2 NAME Beath, Lorraine
4.3 STREET ADDRESS 791 Autumn terr.
4.4 CITY-ST-ZIP Port St. Lucie, FL 34983

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE TD
5.2 NAME ROWLAND LOUISE
5.3 STREET ADDRESS 302 SW PRIMA VISTA BLVD
5.4 CITY-ST-ZIP PORT ST LUCIE, FL 34983

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: *Linda Guercio* 1/5/99 561-878-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1198)