

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17104** (3)

1. Corporation Name

GREATER ST. PAUL DAY CARE & KINDERGARTEN CENTER, INC.



Principal Place of Business

1130 N. WEBSTER AVENUE
C/O REV. N.S. SANDERS
LAKELAND FL 33805

Mailing Address

1130 N. WEBSTER AVENUE
C/O REV. N.S. SANDERS
LAKELAND FL 33805

3. Date Incorporated or Qualified
10/03/1986

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1958572

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, N.S.
1130 N. WEBSTER AVENUE
LAKELAND FL 33805**

81 Name

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

83

84 City

FL

85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	SANDERS, N.S.	
STREET ADDRESS	1131 N. WEBSTER AVENUE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STILLS, DALE	
STREET ADDRESS	2261 CRYSTAL COVE LANE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, ANNETTE M.	
STREET ADDRESS	606 PONDEROSA DR. W.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARAMORE, JAMES	
STREET ADDRESS	3505 LORI LANE SOUTH	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIBLACK, RUTH	
STREET ADDRESS	1935 LAVON STREET	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUNCH, MARY	
STREET ADDRESS	838 WEST 6TH STREET	
CITY - ST - ZIP	LAKELAND FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PALMORE, CURTIS	
1.3 STREET ADDRESS	742 CANDYCE STREET	
1.4 CITY - ST - ZIP	LAKELAND, FL 33802	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 #

5-2-96

CR2E037 (12/95)