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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 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 **05/01/1996**
 4. FEI Number **59-1958572** 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**
 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 28 Country
 24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
SANDERS, N.S.
1130 N. WEBSTER AVENUE
LAKELAND FL 33805

10. Name and Address of New Registered Agent
 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]* **REV. H. S. SANDERS** DATE: **5/14/97**
 (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| 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 checked="" type="checkbox"/> DELETE |
| NAME | BUNCH, MARY | |
| STREET ADDRESS | 838 WEST 6TH STREET | |
| CITY-ST-ZIP | LAKELAND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | SECRETARY <input checked="" 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 | 600002211116 |
| 4.3 STREET ADDRESS | -06/13/97--01011--026 |
| 4.4 CITY-ST-ZIP | ***61.25 |
| 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 checked="" type="checkbox"/> Addition |
| 6.2 NAME | SHEREE BROWN |
| 6.3 STREET ADDRESS | 1952 Crystal Grove Dr. |
| 6.4 CITY-ST-ZIP | Lakeland, Fl. 33801 |

14. I do 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.

SIGNATURE: *[Signature]* DATE: **5/14/97**

CR2E037 (9/96)