


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD SANDERS, N.S.	<input type="checkbox"/> DELETE
NAME	1131 N. WEBSTER AVENUE	
STREET ADDRESS	LAKELAND FL	
CITY - ST - ZIP		
TITLE	D STILLS, DALE	<input type="checkbox"/> DELETE
NAME	2261 CRYSTAL COVE LANE	
STREET ADDRESS	LAKELAND FL	
CITY - ST - ZIP		
TITLE	S DUNN, ANNETTE M.	<input type="checkbox"/> DELETE
NAME	606 PONDEROSA DR. W.	
STREET ADDRESS	LAKELAND FL	
CITY - ST - ZIP		
TITLE	D PARAMORE, JAMES	<input type="checkbox"/> DELETE
NAME	3505 LORI LANE SOUTH	
STREET ADDRESS	LAKELAND FL	
CITY - ST - ZIP		
TITLE	D NIBLACK, RUTH	<input type="checkbox"/> DELETE
NAME	1935 LAVON STREET	
STREET ADDRESS	LAKELAND FL	
CITY - ST - ZIP		
TITLE	D BROWN, SHEREE	<input type="checkbox"/> DELETE
NAME	1952 CRYSTAL GROVE DR	
STREET ADDRESS	LAKELAND FL 33801	
CITY - ST - ZIP		

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	<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 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 change of name or attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **0064856**

CP2E037 (10/97)