

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 004 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N17104

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/03/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1958572
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 N.S. Sanders DATE 7/12/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SANDERS, N.S. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1131 N. WEBSTER AVENUE	1.2 NAME	
STREET ADDRESS	LAKELAND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D STILLS, DALE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2261 CRYSTAL COVE LANE	2.2 NAME	
STREET ADDRESS	LAKELAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S DUNN, ANNETTE M. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	606 PONDEROSA DR. W.	3.2 NAME	
STREET ADDRESS	LAKELAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PARAMORE, JAMES <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3505 LORI LANE SOUTH	4.2 NAME	
STREET ADDRESS	LAKELAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NIBLACK, RUTH <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1935 LAVON STREET	5.2 NAME	
STREET ADDRESS	LAKELAND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BROWN, SHEREE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1952 CRYSTAL GROVE DR	6.2 NAME	
STREET ADDRESS	LAKELAND FL 33801	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 7/12/99 DAYTIME PHONE # 941-683-366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)