

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90049 037 ****70.00

DOCUMENT # N17104

1. Entity Name
GREATER ST. PAUL DAY CARE & KINDERGARTEN CENTER,

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 33805-3545
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1958572**

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. 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	S	<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	BROWN, SHEREE	
STREET ADDRESS	1952 CRYSTAL GROVE DR	
CITY-ST-ZIP	LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

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

Date: **4/20/2000** Daytime Phone #: **863-688-5979**

CR2E037 (9/99)