


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N17104
1. Entity Name
GREATER ST. PAUL DAY CARE & ACADEMY, INC.



Principal Place of Business Mailing Address
1130 N. WEBSTER AVENUE **1130 N. WEBSTER AVENUE**
C/O REV. N.S. SANDERS **C/O REV. N.S. SANDERS**
LAKELAND, FL 33805 **LAKELAND, FL 33805**

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01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-1958572** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, N.S. 1131 N. WEBSTER AVENUE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLS, DALE 2281 CRYSTAL COVE LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNN, ANNETTE M. 606 PONDEROSA DR. W. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIBLACK, RUTH 1935 LAVON STREET LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDLEY, JOE 646 WHITEHURST STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/06-80068-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: N.S. Sanders **N.S. Sanders** 1/31/06 (813) 683-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #