

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17104

FILED
May 15, 2009
Secretary of State

Entity Name: GREATER ST. PAUL DAY CARE & ACADEMY, INC.

Current Principal Place of Business:

1130 N. WEBSTER AVENUE
C/O REV. N.S. SANDERS
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1130 N. WEBSTER AVENUE
C/O REV. N.S. SANDERS
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-1958572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDERS, N.S.
Address: 1131 N. WEBSTER AVENUE
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: STILLS, DALE
Address: 2261 CRYSTAL COVE LANE
City-St-Zip: LAKELAND, FL

Title: S () Delete
Name: DUNN, ANNETTE M.
Address: 606 PONDEROSA DR. W.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: NIBLACK, RUTH
Address: 1935 LAVON STREET
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: STANDLEY, JOE
Address: 646 WHITEHURST STREET
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N.S.SANDERS

PD

05/15/2009

Electronic Signature of Signing Officer or Director

Date