2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# N17104

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:

1130 N WEBSTER AVE
LAKLAND, FL 33805

FEI Number: 59-1958572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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
Name: SANDERS, N.S.
Address: 1131 N. WEBSTER AVENUE
City-St-Zip: LAKELAND, FL

Title: D
Name: PALMORE, CURTIS
Address: CANDACE LN
City-St-Zip: LAKELAND, FL

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: N S SANDERS PAST 04/29/2010

Electronic Signature of Signing Officer or Director — Date