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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22072 (5)

1. Corporation Name

ST. MATTHEWS BAPTIST CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

3716 LAKE AVE EAST  
TAMPA FL 33610  
US

3716 LAKE AVE EAST  
TAMPA FL 33610-8027  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERDRICK, DAVID  
4910 84TH STREET  
TAMPA FL 33619

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME WALKER, SR. D  
STREET ADDRESS 3006 E. 33RD AVE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Taylor Rowe  
1.3 STREET ADDRESS 3608 E McBerry  
1.4 CITY-ST-ZIP Tampa Fla 33610

TITLE SD ☐ DELETE  
NAME MARSHALL, CONSTANCE  
STREET ADDRESS 3621 E. NORTH STREET  
CITY-ST-ZIP TAMPA, FL 33610

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME HARRIS, CLIFFORD  
STREET ADDRESS 3206 E. GIDDEN AVENUE  
CITY-ST-ZIP TAMPA, FL 33610

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SHERDRICK, DAVID  
STREET ADDRESS 4910 84TH STREET  
CITY-ST-ZIP TAMPA, FL 33619

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WALKER SR., DAVID  
STREET ADDRESS 3006 E. 33RD AVENUE  
CITY-ST-ZIP TAMPA, FL 33610

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Hines Antonio  
6.3 STREET ADDRESS 12062 Stone Crossing Cir  
6.4 CITY-ST-ZIP Tampa Fla 33635

14. I do 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.

CR2E037 (9/96)