

DEPARTMENT OF STATE FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90061 016 *****61.25

DOCUMENT # N22072

1. Corporation Name

**ST. MATTHEWS BAPTIST CHILD DEVELOPMENT CENTER, I
 NC.**

Principal Place of Business

3716 LAKE AVE EAST
 TAMPA FL 33610
 US

Mailing Address

3716 LAKE AVE EAST
 TAMPA FL 33610
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/17/1987

4. FEI Number

59-2854655

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

SHEDRICK, DAVID
4910 84TH STREET
TAMPA FL 33619

10. Name and Address of New Registered Agent

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 *David Shedrick*
 Signature, typed or printed name of registered agent and title if applicable.

David Shedrick
 (NOTE: Registered Agent signature required when reinstating)

1-4-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **D**
ROWE, TAYLOR
 STREET ADDRESS **3608 E MCBERRY**
 CITY-ST-ZIP **TAMPA FL**

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

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

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

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

TITLE ☐ DELETE
 NAME **D**
HINES, ANTONIO
 STREET ADDRESS **12062 STONE CROSSING CIR**
 CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *David Shedrick* **SIGNATURE REQUIRED** *TAYLOR* 1-4-99 - 813-239-1615
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)