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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N41003 (7)

1. Corporation Name

JEFF CHILLDON PARENTS GROUP ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O K. WAYNE CHAMBLISS
7335 POTTS RD
RIVERVIEW FL 33569

C/O K. WAYNE CHAMBLISS
7335 POTTS RD
RIVERVIEW FL 33569-4648

3. Date Incorporated or Qualified
12/01/1990

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3068882

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANNOCK, STEVEN L ESQ.
HOLLAND & KNIGHT
400 N. ASHLEY DR.
TAMPA FL 33602

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 VSD
NAME GUIDA, GEORGE
STREET ADDRESS 4911 SHIRLEY DR
CITY-ST-ZIP TAMPA FL 33603

1.1 TITLE PD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME MCPIKE, JOANNE M
STREET ADDRESS 3903 DELEON ST.
CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE VSD
2.2 NAME GUIDA, CAROL
2.3 STREET ADDRESS 4911 SHIRLEY DR.
2.4 CITY-ST-ZIP TAMPA, FL 33603

TITLE TD
NAME CHAMBLISS, K. WAYNE
STREET ADDRESS 7335 POTTS RD.
CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE: K. Wayne Chambliss
K. WAYNE CHAMBLISS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (813) 677-0024
Date Daytime Phone # 0046242

CR2E037 (9/96)