FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:21

DOCUMENT # N92000000493 (8)

1. Corporation Name
CREATIVE PLAYGROUND OF FT PIERCE, INC.

Principal Place of Business	Mailing Address
2601 S INDIAN RIVER DR FT PIERCE FL 34982	2601 S INDIAN RIVER DR FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0373083 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ABERNETHY, BRUCE R
900 VIRGINIA AVE
STE 6
FT PIERCE FL 34982

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FURST, WILLIAM	1.2 NAME	
STREET ADDRESS	2601 S INDIAN RIVER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ABERNETHY, BRUCE R JR	2.2 NAME	
STREET ADDRESS	3609 E WILDERNESS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HANKLE, DAVE	3.2 NAME	
STREET ADDRESS	100 S. 2ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ELLEN, GILLETTE	4.2 NAME	
STREET ADDRESS	863 NOA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34982	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DOUG	5.2 NAME	
STREET ADDRESS	2201 ATLANTIC BEACH BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34949	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, DEBBIE	6.2 NAME	
STREET ADDRESS	5410 DEER RUN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: BC Vice President, Director 1-31-95 407 489 4901
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Bruce R. Abernethy Jr.

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