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Feb 25 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 # 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 34950-5910



3. Date Incorporated or Qualified
11/24/1992

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

ABERNETHY, BRUCE R
900 VIRGINIA AVE
STE 8
FT PIERCE FL 34982

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 PD ☐ DELETE

NAME FURST, WILLIAM
STREET ADDRESS 2601 S INDIAN RIVER DR
CITY-ST-ZIP FT PIERCE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME ABERNETHY, BRUCE R JR
STREET ADDRESS 3609 E WILDERNESS DR
CITY-ST-ZIP FT PIERCE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME HANKLE, DAVE
STREET ADDRESS 100 S. 2ND ST.
CITY-ST-ZIP FT PIERCE FL 34950

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DAVIS, DOUG
STREET ADDRESS 2201 ATLANTIC BEACH BLVD.
CITY-ST-ZIP FT PIERCE FL 34949

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME COLEMAN, DEBBIE
STREET ADDRESS 5410 DEER RUN ROAD
CITY-ST-ZIP FT PIERCE FL 34950

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

[Signature] BRUCE R. ABERNETHY JR.

2-11-97 561 489 4901

CR2E037 (9/96)