

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000493 (8)**  
 1. Corporation Name  
**CREATIVE PLAYGROUND OF FT PIERCE, INC.**



Principal Place of Business <b>2601 S INDIAN RIVER DR FT PIERCE FL 34982</b>	Mailing Address <b>2601 S INDIAN RIVER DR FT PIERCE FL 34982</b>
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3. Date Incorporated or Qualified  
**11/24/1992**

4. FEI Number <b>65-0373083</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 6  
 FT PIERCE FL 34982**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ 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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FURST, WILLIAM</b>		1.2 NAME	
STREET ADDRESS <b>2601 S INDIAN RIVER DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABERNETHY, BRUCE R JR</b>		2.2 NAME	
STREET ADDRESS <b>3609 E WILDERNESS DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANKLE, DAVE</b>		3.2 NAME	
STREET ADDRESS <b>100 S. 2ND ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE FL 34950</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, DOUG</b>		4.2 NAME	
STREET ADDRESS <b>2201 ATLANTIC BEACH BLVD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE FL 34949</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLEMAN, DEBBIE</b>		5.2 NAME	
STREET ADDRESS <b>5410 DEER RUN ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE FL 34950</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **Bruce R. Abernethy Jr. VP/B 4-8-98 5314894901**

CR2E037 (10/97)