

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90057 044 \*\*\*\*61.25

DOCUMENT # **N92000000493**

1. Corporation Name

**CREATIVE PLAYGROUND OF FT PIERCE, INC.**

Principal Place of Business

2601 S INDIAN RIVER DR  
FT PIERCE FL 34982

Mailing Address

2601 S INDIAN RIVER DR  
FT PIERCE FL 34982



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/24/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0373083	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FURST, WILLIAM				
STREET ADDRESS	2601 S INDIAN RIVER DR				
CITY-ST-ZIP	FT PIERCE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	ABERNETHY, BRUCE R JR				
STREET ADDRESS	3609 E WILDERNESS DR				
CITY-ST-ZIP	FT PIERCE FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	HANKLE, DAVE				
STREET ADDRESS	100 S. 2ND ST.				
CITY-ST-ZIP	FT PIERCE FL 34950				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DAVIS, DOUG				
STREET ADDRESS	2201 ATLANTIC BEACH BLVD.				
CITY-ST-ZIP	FT PIERCE FL 34949				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	COLEMAN, DEBBIE				
STREET ADDRESS	5410 DEER RUN ROAD				
CITY-ST-ZIP	FT PIERCE FL 34950				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
*Bruce Abernethy Jr. - Vice*

Date

Daytime Phone #

4-30-99 561-489-4807

CR2E037 (11/98)