

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002053 (5)

1. Corporation Name

MOMMY AND ME OF NORTH PORT, INC.



Principal Place of Business

Mailing Address

C/O ALICE SALZANO WHITE
3597 FROUDE ST
NORTH PORT FL 34287

C/O ALICE SALZANO WHITE
3597 FROUDE ST
NORTH PORT FL 34287

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

☒ Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

GRISSINGER, SUSAN H
1000 CRESTWOOD RD
ENGLEWOOD FL 34223

81 Name

Same

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 D ☐ DELETE
NAME WHITE, ALICE A
STREET ADDRESS 3597 FROUDE ST
CITY-ST-ZIP NORTH PORT FL 34287

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BALTIERRA, ANITA
STREET ADDRESS 3384 SUMTER BLVD
CITY-ST-ZIP NORTH PORT FL 34287

2.1 TITLE D/S ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STEWART, LUANNE
STREET ADDRESS 2810 RIDLEY LN
CITY-ST-ZIP NORTH PORT FL 34287

3.1 TITLE D/T ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CHAMARD, ELAINE
STREET ADDRESS 2776 TUSKET AVE
CITY-ST-ZIP NORTH PORT FL 34238-7

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

TITLE D ☐ DELETE
NAME GRISSINGER, SUSAN H
STREET ADDRESS 1000 CRESTWOOD RD
CITY-ST-ZIP ENGLEWOOD FL 34223

5.1 TITLE 200001797972 ☐ Change ☐ Addition
5.2 NAME -04/29/96--01029--018
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WHITE, LISA
STREET ADDRESS 4193 PERSIAN LN
CITY-ST-ZIP NORTH PORT FL 34287

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Susan H. Grissinger, Dir.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/96 941-473-
Daytime Phone # 2216

CR2E037 (12/95)