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Feb 18 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 # **N97000004962 (3)**

1. Corporation Name

**CAMPUS COMPACT STUDENT TUTORIAL ENRICHMENT PROGR  
AM, INC.**

Principal Place of Business

Mailing Address

**712 W. ROSS AVE  
TAMPA FL 33602**

**712 W. ROSS AVE  
TAMPA FL 33602**

3. Date Incorporated or Qualified

**09/02/1997**

4. FEI Number

**59 3488784**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt #, etc

**26** Suite, Apt #, etc

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKITRICK, YVONNE  
712 W. ROSS AVE.  
TAMPA FL 33602**

**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 **DP** ☐ DELETE

NAME **MCKITRICK, YVONNE**  
STREET ADDRESS **317 LAKE HOBBS RD.**  
CITY-ST-ZIP **LUTZ FL 33549**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Gaines, George E. Jr**  
1.3 STREET ADDRESS **3214 East Paris street**  
1.4 CITY-ST-ZIP **Tampa, FL 33610** Coordinator

TITLE **DV** ☐ DELETE

NAME **HAYMOND, STEPHANIE**  
STREET ADDRESS **15610 PREMIERE DR.**  
CITY-ST-ZIP **TAMPA FL 33624**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE

NAME **JACKSON, VICTORENE**  
STREET ADDRESS **1718 N. HOWARD AVE.**  
CITY-ST-ZIP **TAMPA FL 33607**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE

NAME **HARRIS, SAM**  
STREET ADDRESS **3515 SARAH ST.**  
CITY-ST-ZIP **TAMPA FL 33605**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **MURPHY, FLORENCE**  
STREET ADDRESS **11709 LIPSEY RD.**  
CITY-ST-ZIP **TAMPA FL 33618**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **FERRERI, SAM**  
STREET ADDRESS **11724 LIPSEY RD.**  
CITY-ST-ZIP **TAMPA FL 33618**

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *George E. Gaines Jr* **George E. Gaines Jr 2/12/98 (813) 274-7208**

CR2E037 (1097)