

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90094 006 ****70.00

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1. Corporation Name

CAMPUS COMPACT STUDENT TUTORIAL ENRICHMENT PROGR
AM, INC.

Principal Place of Business

712 W. ROSS AVE.
TAMPA FL 33602

Mailing Address

712 W. ROSS AVE.
TAMPA FL 33602



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3488784

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

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

George E. Gaines

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Geno Sassani
5402 Venetia Place
Tampa, FL 33617 D

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

George E. Gaines
3214 E Paris Street
Tampa, FL 33610 Coordinator

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

George E. Gaines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99(813) 274-7208

CR2E037 (11/98)