

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
2000



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

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90018 042 \*\*\*\*70.00

DOCUMENT # N97000004962 (3)

1. Corporation Name

CAMPUS COMPACT STUDENT TUTORIAL ENRICHMENT PROGR  
AM, INC.

Principal Place of Business

Mailing Address

102 East 7th Avenue  
Tampa, FL 33602

102 East 7th Avenue  
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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

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 Gino Sassani  
2.3 STREET ADDRESS 5402 Venetia Place  
2.4 CITY-ST-ZIP Tampa, FL 33617

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

274-5857

Daytime Phone # 0047834

CR2E037 (10/97)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 02-05-1998  
NUMBER OF THIS NOTICE: CP 575 F  
EMPLOYER IDENTIFICATION NUMBER: 59-3488784  
FORM: SS-4  
0716806855 0

827608

old add res N97000004962

CAMPUS COMPACT STUDENT TUTORIAL  
% GEORGE E GAINES JR  
712 W ROSS AVE  
TAMPA FL 33602

FOR ASSISTANCE CALL US AT:  
354-1760-LOCAL JACKSONVILLE  
1-800-829-1040 OTHER FL

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3488784. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to receive a ruling or a determination letter recognizing your organization as tax exempt, you should file Form 1023/1024, Application for Recognition of Exemption, with your IRS Key District office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Please use the label IRS provided when filing tax documents. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

old address

CAMPUS COMPACT STUDENT TUTORIAL  
ENRICHMENT PROGRAM INC  
% GEORGE E GAINES JR  
712 W ROSS AVE  
TAMPA FL 33602

If this information isn't correct, please correct it using page 2 of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

New Address

Campus Compact Student Tutorial  
Enrichment Program Inc  
% George E. Gaines  
102 East 7<sup>th</sup> Avenue  
Tampa, FL 33602