

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 27 PM 3:10

DOCUMENT # N17104 (3)

1. Corporation Name

**GREATER ST. PAUL DAY CARE & KINDERGARTEN CENTER,
INC.**

Principal Place of Business

Mailing Address

**1130 N. WEBSTER AVENUE
C/O REV. N.S. SANDERS
LAKELAND FL 33805**

**1130 N. WEBSTER AVENUE
C/O REV. N.S. SANDERS
LAKELAND FL 33805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1958572

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, N.S.
1130 N. WEBSTER AVENUE
LAKELAND FL 33805**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE

PO

NAME

SANDERS, N.S.

STREET ADDRESS

1131 N. WEBSTER AVENUE

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

PRESSLEY, M. L.

STREET ADDRESS

213 CRAWFORD STREET

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

DUNN, ANNETTE M.

STREET ADDRESS

606 PONDEROSA DR. W.

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

ROUNDTREE, LARRY

STREET ADDRESS

207 WEST LANE

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

KINDLE, JUANNE

STREET ADDRESS

1748 BAYVIEW DRIVE

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

ANDERSON WILLIAMS, SR

STREET ADDRESS

1128 W 12TH ST

CITY - ST - ZIP

LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D

12 NAME

PALMORE, CURTIS

13 STREET ADDRESS

742 CANDYCE STREET

14 CITY - ST - ZIP

LAKELAND, FL 33802

21 TITLE

D

22 NAME

STILLS, DALE

23 STREET ADDRESS

2261 CRYSTAL COVELANE

24 CITY - ST - ZIP

LAKELAND, FL 33801

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

D

PARANORE, JAMES

3505 LORI LANE SOUTH

LAKELAND, FL 33805

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

D

NIBLACK, RUTH

1935 LAVON STREET

LAKELAND, FL 33805

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

D

BUNCH, MARY

838 WEST 6TH STREET

LAKELAND, FL 33805

SIGNATURE:

[Signature]
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/95
DATE

Chapter 199.032