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Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33805-3545



3. Date Incorporated or Qualified
10/03/1986

3a. Date of Last Report
05/01/1996

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

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

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

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 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: REV. N. S. SANDERS

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SANDERS, N.S.
STREET ADDRESS 1131 N. WEBSTER AVENUE
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE D
NAME STILLS, DALE
STREET ADDRESS 2261 CRYSTAL COVE LANE
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE D
NAME DUNN, ANNETTE M.
STREET ADDRESS 606 PONDEROSA DR. W.
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE D
NAME PARAMORE, JAMES
STREET ADDRESS 3505 LORI LANE SOUTH
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE D
NAME NIBLACK, RUTH
STREET ADDRESS 1935 LAVON STREET
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE D
NAME BUNCH, MARY
STREET ADDRESS 838 WEST 6TH STREET
CITY-ST-ZIP LAKELAND FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SECRETARY

600002211116
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SHEREE BROWN
1952 Crystal Grove Dr.
Lakeland, FL. 33801

14. I do 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:

5/14/97

CR2E037 (9/96)