## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

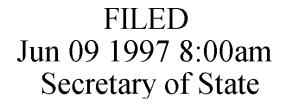
DOCUMENT #

GREATER ST. PAUL DAY CARE & KINDERGARTEN CENTER.

Principal Place of Business

Mailing Address

1130 N. WERSTER AVENUE



) 1

C/O REV. N.S. SANDERS LAKELAND FL 33805		C/O REV. N.S. SANDERS								
		LAKELAND FL 33805-3545				3. Date Incorporated or Qualified 10/03/1986		nte of Last R 05/01/19		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number 59-1958572			oplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional aquired	
City & State City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees			
Zip	Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Current	29     Registered Agent	30			Florida Statutes L.  10. Name and Address of New Re				
		- Togiotojo u regerii		81	Name	70. Transcaria Pagistra 110	giotorou i	- gont		
CANDED	e Ne									
1130 N. WEBSTER AVENUE		82	on out that the second of the							
LAKELAN	ID FL 33805		į	83						
				84	City		FL		Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fiorida 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 an accept the obligations of, Section 617.0503 Florida Statutes.										
SIGNATURE	Mande	Kt.V.	41. 3	١.	SAH	PERS'		14/9	77	
	Signature by an opinited name of registered ager			l Ager	nt signature	required when reinstating)	DATE /	777	20.111.40	
12. TITLE	OFFICERS AND	DELETE	13.	i E	Т	ADDITIONS/CHANGES TO OFFIC	JERS AND	Change	Addition	
NAME	SANDERS, N.S.	LLI Detect	1.2 NA					onange	Roonion	
STREET ADDRESS	1131 N. WEBSTER AVENUE				ADDRESS					
CITY-ST-ZIP	LAKELAND FL		1.4 00		- 1					
TITLE	D	DELETE	2.1 T/T					☐ Change	Addition	
NAME	STILLS, DALE		2.2 NA	ME	1				Ì	
STREET ADDRESS	2261 CRYSTAL COVE LANE		2.3 ST	REET	Address					
CITY-ST-ZIP	LAKELAND FL		2. 4 CI		T-ZIP					
TITLE	D	☐ DELETE	3.1 TIT			SECRETARY		Change	Addition	
NAME	DUNN, ANNETTE M.		3.2 NA		<b>i</b>					
STREET ADDRESS	606 PONDEROSA DR. W. L <b>A</b> KELAND FL			-	ADDRESS					
CITY-ST-ZIP TITLE	D LAVERNING LE	DELETE	3 4. CI		1-ZIP			Change	Addition	
NAME	PARAMORE, JAMES		4. 2 N/		ì	80000221	11.			
STREET ADDRESS	3505 LORI LANE SOUTH				ADDRESS	<b>60000221</b> -06/13/97010:	1102	26		
CITY-ST-ZIP	LAKELAND FL		4.4 Ci1			***61.25				
TITLE	D	DELETE	5.1 TIT	LE				Change	Addition	
NAME	NIBLACK, RUTH		5.2 NA	ME						
STREET ADDRESS	1935 LAVON STREET		5.3 ST	REET	ADDRESS				Ì	
CITY-ST-ZIP	LAKELAND FL		5.4 CD		T-ZIP					
TITLE	D	DELETE	6.1 TI3			SHEREE BROWN		☐ Change	Addition	
NAME	BUNCH, MARY		6.2 NA			1952 Chystal Grove Lakeland, Fl. 338	Dr.		05	
STREET ADDRESS	838 WEST 6TH STREET		1		AODRESS	Lakeland. Fl. 338	0.1		6/9/97	
CITY-ST-ZIP	LAKELAND FL		6.4 C(1	Y-ST	I - ZIP				01 ''	

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 in attachment with an address.