

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N17104

1. Entity Name
GREATER ST. PAUL DAY CARE & ACADEMY, INC.



Principal Place of Business
**1130 N. WEBSTER AVENUE
C/O REV. N.S. SANDERS
LAKELAND, FL 33805**

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



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1958572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D
NAME STANDLEY, JOE
STREET ADDRESS 646 WHITEHURST STREET
CITY-ST-ZIP LAKELAND, FL 33805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000725111
05/03/07-80009-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N.S. Sanders 4/20/07 (863) 683-3642

Date

Daytime Phone #