


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 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
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02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1958572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDERS, N.S. 1130 N. WEBSTER AVENUE LAKELAND, FL 33805
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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 04/01/08-80053-011 61.25

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, N.S. 1131 N. WEBSTER AVENUE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLS, DALE 2261 CRYSTAL COVE LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNN, ANNETTE M. 606 PONDEROSA DR. W. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIBLACK, RUTH 1935 LAVON STREET LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDLEY, JOE 646 WHITEHURST STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: N.S. Sanders 2/27/08 (843) 683-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #