

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17104

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

1130 N WEBSTER AVE  
LAKLAND, FL 33805

**FEI Number:** 59-1958572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SANDERS, N.S.  
Address 1131 N. WEBSTER AVENUE  
City-State-Zip: LAKELAND FL

Title S  
Name DUNN, ANNETTE M.  
Address 606 PONDEROSA DR. W.  
City-State-Zip: LAKELAND FL

Title D  
Name SANDERS, BETTY J  
Address 942 LAKE DEESON POINTE  
City-State-Zip: LAKELAND FL 33805

Title D  
Name WALLACE, CORNELIUS  
Address 119 PECORRI CT.  
City-State-Zip: AUBURNDALE FL 33823

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BETTY SANDERS

**FISCAL DIRECTOR**

**02/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date