

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711090

FILED
Apr 13, 2011
Secretary of State

Entity Name: COMMUNITY PRIDE CHILD CARE CENTER OF CLEARWATER, INC.

Current Principal Place of Business:

1235 HOLT AVE.
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1235 HOLT AVE.
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-0908144 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTHA M. SKELTON
2946 MAC ALPIN DR W
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP
Name: DELAY, BECKY
Address: 2808 HONEY BEAR CT
City-St-Zip: PALM HARBOR, FL 34684

Title: S
Name: VARONA, DARLEEN
Address: 2749 HAVERHILL CT
City-St-Zip: CLEARWATER, FL 33761

Title: D
Name: EDWARDS, SANDRA
Address: 1695 COUNTRY LANE
City-St-Zip: DUNEDIN, FL 34698

Title: PP
Name: YOUNG, ROBERT C
Address: 1091 WEATHERFIELD DR.
City-St-Zip: DUNEDIN, FL

Title: P
Name: EDWARDS, SANDRA
Address: 1695 COUNTRY LANE
City-St-Zip: DUNEDIN, FL 34698

Title: T
Name: GATLEY, DEB
Address: 1601 FRUITWOOD DRIVE
City-St-Zip: CLEARWATER, FL 33756

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: MARTHA M SKELTON

DIR

04/13/2011

Electronic Signature of Signing Officer or Director

Date