2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90006 019 ****70.00

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DOCUMENT # 735843

1. Entity Name
R'CLUB CHILD CARE, INC.

Principal Place of Business	Mailing Address
9550 16TH ST NORTH ST PETERSBURG, FL 33716	9550 16TH ST NORTH ST PETERSBURG, FL 33716

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1704870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOODS, ELIZABETH 9550 16TH STREET NORTH SAINT PETERSBURG, FL 33716	Name THOMAS MORIARTY Street Address (P.O. Box Number is Not Acceptable) 8550 ULMERTON RD, Suite 101 City LARGO FL Zip Code 33771

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JERGER, TOM 5990 98TH AVE. NORTH PINELLAS PARK, FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOODS, ELIZABETH 6130 KIPPS COLONY DR WEST GULF PORT, FL 33707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS MORIARTY 8500 ULMERTON RD, SUITE 101 LARGO, FL 33771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD ROMIG, LEE 634 2ND AVE. SOUTH SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEKERES, PAM 8138 COTTONWOOD COURT SEMINOLE, FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MORIARTY, THOMAS 8550 ULMERTON RD, SUITE 101 LARGO, FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEE MARTINO 5830 142ND AVENUE NORTH CLEARWATER, FL 33760	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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: Thomas L. Moriarty 1/14/04 (727) 578-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #