2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

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

02142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

MORIARTY, THOMAS
8550 ULMERTON RD SUITE 101
LARGO, FL 33771

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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, 2005

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

10.	OFFICERS AND DIRECTORS
TITLE	TD
NAME	JERGER, TOM
STREET ADDRESS	5990 98TH AVE. NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	P
NAME	MORIARTY, THOMAS
STREET ADDRESS	8500 ULMERTON RD SUITE 101
CITY-ST-ZIP	LARGO, FL 33771
TITLE	PPD
NAME	ROMIG, LEE
STREET ADDRESS	634 2ND AVE. SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	SD
NAME	SEKERES, PAM
STREET ADDRESS	8138 COTTONWOOD COURT
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	V
NAME	MARTINO, LEE
STREET ADDRESS	5830 142ND AVENUE NORTH
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000245678
05/02/05-80037-016 61.25

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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: Arthur O'Hara Arthur O'Hara Exec Dir. 2/15/05 727 578 5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #