## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT #735843** 

## **FILED** Feb 23, 2007 8:00 am Secretary of State

02-23-2007 90032 042 \*\*\*\*61.25

| R'CLUB C  | e<br>CHILD CARE, INC.   |  |   |   |  |                          |                               |  |
|---|---|--|---|---|--|--------------------------|-------------------------------|--|
| 9550 16TH ST NORTH 9550   |   | Mailing Address<br>9550 16TH ST NORTH<br>ST PETERSBURG, FL |   |   | 60018833   |                          |                               |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mai               |   | 3. Mailing Address   | ailing Address  |   |  |                          |                               |  |
| Suite, Apt. #, etc. Su  |   | Suite, Apt. #, etc.  | uite, Apt. #, etc.                                      |   | Chg-NP   | CR2E037 (12/0            | 06)                           |  |
| City & State C  |   | City & State   | ity & State   |   | 870  |                          | Applied For<br>Not Applicable |  |
| Zip   | Country   | Zip  | Country   | 5. Certificate o  | f Status Desired   | □ \$8.75<br>Fee Red      | Additional<br>quired          |  |
| 6. Name and Address of Current Registered Agent                     |   |  |   | 7. Name and A   | ddress of New  | Registered Agent         |                               |  |
| MORIARTY, THOMAS -<br>8550 ULMERTON RD SUITE 101<br>LARGO, FL 33771 |   |  |   | Name Street Address (P.O. Box Number is Not Acceptable) |  |                          |                               |  |
|   |   |  | City  |   |  | FL Zip                   | Code                          |  |
|   | named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent a |  | s registered office or                                  |   | , in the State of F  | Florida. I am familiar v | with, and accept              |  |
|   | Filing Fee is \$61.25<br>Due by May 1, 2007   |  | 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 DIR  | ECTORS   | 11.   | ADDITIONS/CHA   | NGES TO OFFIC  | ERS AND DIRECTOR         | IS IN 10                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                               | TD<br>JERGER, TOM<br>5990 98TH AVE. NORTH<br>PINELLAS PARK, FL 33782  | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP                         |   |  | ☐ Cha                    | nge 🗀 Addition                |  |
| ITLE NAME STREET ADDRESS CITY-ST-ZIP                                | P<br>MORIARTY, THOMAS<br>8500 ULMERTON RD SUITE 101<br>LARGO, FL 33771  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   |  | ☐ Cha                    | nge 🔲 Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                               | PPD<br>ROMIG, LEE<br>634 2ND AVE. SOUTH<br>SAINT PETERSBURG, FL 33701   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   |  | ☐ Cha                    | nge Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                               | S<br>STROSS, JOHN<br>3010 82ND WY N<br>SAINT PETERSBURG, FL 33710   | Delate   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   | Sue LAnd<br>15316 Gul<br>Maderia                        | ress<br>f Bird<br>Beh F  | □ Cha<br>せいろ<br>1. 3370♀ | nge 🔀 Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                               | V<br>MARTINO, LEE<br>5830 142ND AVENUE NORTH<br>CLEARWATER, FL 33760  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   | ,  | ☐ Cha                    | nge 🗀 Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                               |   | ☐ Delete<br>-  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   | ·-   | ☐ Cha                    | nge                           |  |

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

SIGNATURE

SIGNATURE

Date

Daytime Phone #