FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003505 (4)

COMMUNITY CHILD CARE RESOURCES, INC.

FILED May 14 1998 8:00am Secretary of State

4/22/98

COMMONT OTHER CAME NEGOCIOEC, INC.												
Principal Plac	ce of Business	Mailing Addr	Mailing Address						 	IBB IIIIBI BIHI B		
2207 18TH AVE SUITE 200			SUITE 200					3. [3. Date Incorporated or Qualified 07/15/1994			
VERO BEACH FL 32960 US			US DEACH	VERO BEACH FL 32964 US				4.	El Number		}+-	plied For t Applicable
2. Principal F	Place of Busin	2a. Malling A	2a. Malling Address				5. (65-0523165 Certificate of Status Desired		\$8.75		
21 Sulte, Apt.	# etc		26 Suite An	Suite, Apt. #, etc.							Fee Re	
22		<u> </u>	27	27				1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & Sta	City & State			City & State			7. 1	7. Is this nonprofit corporation a homeowners association?				
Zip		Country	Zip	Zip Cou				8. T	This corporation owes or has p	owes or has paid the current year Intangible		
24	25 Name and Address of Current I		29						Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			
Name and Address of Current Registered Agent							Name 4	0. 1				
RETZER, NANCY B						82	Street Add	PAT	TEN, BARBI D. Box Number Is Not Accept		ما،	
2207 18TH AVE						-	Olieot Aut		O. BOX NUMBER IS NOT ACCEPT	ablej		
VERO E			83									
						84	City			FL	85 Zip (Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered												
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE Signature, typed of printed name of registered agont and little if applicable. (NOTE: Registered Agent signature require									einstating)	DATE	0	
12.		OFFICER	S AND DIRECTORS		13.				ODITIONS/CHANGES TO OFF			
TITLE	DELETE					1.1 TITLE		DV	N BLAXIII DEF Whipporwill L D BEACH, FL.	3 /	☐ Change	Addition
NAME - COTAGENAMI-BOSS					-	1.2 NAME 30		200317	1174:000 to 114	PNE		
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP LERO SEAOH-FL					1.3 STREET ADDRESS			RAPCH PL	32960)	
TITLE	D			DELETE	2.1 101		- 211	DT	, Double of the control of the contr		3-effange	☐ Addition
NAME	HOOVER	R, JANIE GRAVES	3		2.2 NA	ME	1 '					_
STREET ADDRESS		SEWOOD RD		238		3 STREET ADDRESS						
CFTY-ST-ZIP	VERO BI	EACH FL			2.4 Cf	TY-ST						
TITLE	D			DELETE	3.1 TIT	LĒ	Σ	DP			Change	Addition
NAME	FENNEL				3.2 NA	ME	j					
STREET ADDRESS		CHLAND BLVD			1		DORESS					
CITY-ST-ZIP	VERO BI	EAUM FL		DELETE	3.4. CI			N 6			Change	Addition
NAME	HILL, KA	TE	L-	DELLIC	4.2 NA		4	DS			TES CHANGE	L AUGMON
STREET ADDRESS		TH AVENUE					DDRESS					1
CITY-ST-ZIP	VERO B	· · · · · · · · · · · · · · · · · · ·			4.4 CIT							
TITLE				DELETE	5.1 TIT				· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					5.2 NA	ME	ļ					
STREET ADDRESS	1				5.3 STF	REET AL	DDRESS					}
CITY-ST-ZIP					5.4 CIT	Y-ST-	ZIP					
TITLE	j			DELETE	6.1 TIT	LE					Change	Addition
NAME					6.2 NA							[
STREET ADDRESS	[DDRESS					
CITY-ST-ZIP	partifu that the	information Supplier	ad with this filing does	not qualify to	6.4 CIT			in Contina	119 07(2)(i) Florido Statutos	I further ear	tifu that the	information
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addyess.												