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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90034 034 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003505

1. Corporation Name

COMMUNITY CHILD CARE RESOURCES, INC.

Principal Place of Business

Mailing Address

2207 18TH AVE
 SUITE 200
 VERO BEACH FL 32960
 US

P O BOX 3451
 SUITE 200
 VERO BEACH FL 32964
 US

5 27516 - 90034 - 34 6 *



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc
 22 2207 18th Ave
 23 Vero Beach F
 24 32960 25 US

26 Suite, Apt. #, etc
 27 P.O. Box 3451
 28 Vero Beach Fl.
 29 32964 30 US

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number
 65-0523165

Applied For
 Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

PATTEN, BARBARA J
 2207 18TH AVE
 VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
 NAME DEAL, SUSAN BLAXILL
 STREET ADDRESS 2721 WHIPPORWILL LANE
 CITY-ST-ZIP VERO BEACH FL 32960

☐ DELETE

TITLE DT
 NAME HOOVER, JANIE GRAVES
 STREET ADDRESS 4400 ROSEWOOD RD
 CITY-ST-ZIP VERO BEACH FL

☒ DELETE

TITLE DP
 NAME FENNELL, TODD
 STREET ADDRESS 979 BEACHLAND BLVD
 CITY-ST-ZIP VERO BEACH FL

☒ DELETE

TITLE DS
 NAME HILL, KATE
 STREET ADDRESS 2205 14TH AVENUE
 CITY-ST-ZIP VERO BEACH FL

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
 1.2 NAME DEAL, SUSAN BLAXILL
 1.3 STREET ADDRESS 2721 Whipporwill Lane
 1.4 CITY-ST-ZIP Vero Beach, FL 32960

☒ Change ☐ Addition

2.1 TITLE DV
 2.2 NAME Anthony Donadio
 2.3 STREET ADDRESS P.O. BOX 7072
 2.4 CITY-ST-ZIP Vero Beach, FL

☐ Change ☒ Addition

3.1 TITLE DT
 3.2 NAME Keith Kite
 3.3 STREET ADDRESS 1045 Winding River Rd
 3.4 CITY-ST-ZIP Vero Beach, FL

☐ Change ☒ Addition

4.1 TITLE DS
 4.2 NAME Hill, Kate
 4.3 STREET ADDRESS 2205 14th Ave.
 4.4 CITY-ST-ZIP Vero Beach, FL

☐ Change ☐ Addition

(same)

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 empowered 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 address, with all other like empowered.

SIGNATURE:

Barbara J. Patten
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99

561-567-3202

Date

Daytime Phone #

CR2E037 (11/98)

0084683