2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# N94000003505

Entity Name: COMMUNITY CHILD CARE RESOURCES, INC.

Current Principal Place of Business:

1801 24TH STREET
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3451
VERO BEACH, FL 32964

New Mailing Address:

1801 24TH STREET
VERO BEACH, FL 32960

FEI Number: 65-0523165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTEN, BARBARA J
1801 24TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

WALTERS, ABIGAIL -
1801 24TH STREET
VERO BEACH, FL 32960 US

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.

SIGNATURE: ABIGAIL WALTERS 03/15/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HILL, KATHYRN
Address: 1446 19TH PL
City-St-Zip: VERO BEACH, FL 32960

Title: DV ( ) Delete
Name: MURRAY, HELEN
Address: 2720 WHIPPOORWILL LN
City-St-Zip: VERO BEACH, FL 32960

Title: SD ( ) Delete
Name: BERTOLLETTE, SUE
Address: 715 TENTH COURT
City-St-Zip: VERO BEACH, FL 32962

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FALLS, MICHELE
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: DV (X) Change ( ) Addition
Name: KAHLE, LISA
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: SD (X) Change ( ) Addition
Name: BERTOLLETTE, SUE
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Change (X) Addition
Name: MCCAIN, MATT
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE FALLS PD 03/15/2004
Electronic Signature of Signing Officer or Director Date