

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90053 011 \*\*\*\*61.25

**DOCUMENT # N94000003505**

1. Entity Name  
**COMMUNITY CHILD CARE RESOURCES, INC.**



Principal Place of Business  
**1801 24TH STREET  
VERO BEACH, FL 32960 US**

Mailing Address  
**1801 24TH STREET  
VERO BEACH, FL 32960**

2. Principal Place of Business

3. Mailing Address

00011000



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0523165**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **PAMELA C. KING**

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

**1801 24th Street**

City **VERO BEACH**

**FL**

Zip Code  
**32960**

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

*Pamela C. King*

**PAMELA C. KING**

**4/19/05**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing)

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **FALLS, MICHELE**  
STREET ADDRESS **1801 24TH STREET**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **DV** ☐ Delete  
NAME **KAHLE, LISA**  
STREET ADDRESS **1801 24TH STREET**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **SD** ☒ Delete  
NAME **BERTOLLETTE, SUE**  
STREET ADDRESS **1801 24TH STREET**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **TD** ☐ Delete  
NAME **MCCAIN, MATT**  
STREET ADDRESS **1801 24TH STREET**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **TOM YONGE**  
STREET ADDRESS **1801 24th Street**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **LISA KAHLE**  
STREET ADDRESS **1801 24th Street**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **ANDREW J HARTLINE**  
STREET ADDRESS **1801 24th Street**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **EXECUTIVE DIRECTOR** ☐ Change ☒ Addition  
NAME **PAMELA C. KING**  
STREET ADDRESS **1801 24th Street**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **PRESIDENT-ELECT** ☐ Change ☒ Addition  
NAME **KATHY MARSHALL**  
STREET ADDRESS **1801 24th Street**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lisa M. Kahle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LISA M. KAHLE**

**4/19/05**

Date

**772-567-3202**

Daytime Phone