

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90033 008 ****61.25

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1. Entity Name

CHILDCARE RESOURCES OF INDIAN RIVER, INC.



Principal Place of Business

Mailing Address

1801 24TH STREET
VERO BEACH FL 32960
US

1801 24TH STREET
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0523165

Applied For

Not Applicable

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

KING, PAMELA C.
1801 24TH STREET
VERO BEACH FL 32960

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME P YONGE, TOM ☐ Delete
STREET ADDRESS 1801 24TH STREET
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE NAME S HARTLINE, ANDREW ☐ Delete
STREET ADDRESS 1801 24TH STREET
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE NAME ED KING, PAMELA C. ☐ Delete
STREET ADDRESS 1801 24TH STREET
CITY-ST-ZIP VERO BEACH FL 32960

TITLE NAME P MARSHALL, KATHY ☐ Delete
STREET ADDRESS 1801 24TH STREET
CITY-ST-ZIP VERO BEACH FL 32960

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Pamela C. King

2/8/06 772-567-3202