2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 708767

Entity Name: CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

18 HARRISON ST.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

18 HARRISON ST.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-1100219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, BARBARA
18 HARRISON ST.
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: STORM, JOHN DR
Address: 2275 SYKES CREEK DR
City-St-Zip: MERRIT ISLAND, FL 32953

Title: PC ( ) Delete
Name: BRYAN, LAURETTE MD
Address: 573 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL

Title: TD ( ) Delete
Name: LEE, BERNICE
Address: 2450 KING RICHARD RD
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete
Name: ARCHER, DOREEN
Address: 1265 ST. GEORGE RD
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN STORM C 05/04/2009
Electronic Signature of Signing Officer or Director — Date