

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001745

**Entity Name:** CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC.**Current Principal Place of Business:**433 NORTH MILLS AVENUE  
ORLANDO, FL 32803**Current Mailing Address:**433 NORTH MILLS AVENUE  
ORLANDO, FL 32803**FEI Number:** 20-1065407**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MANAHAN, COLLEEN  
433 NORTH MILLS AVENUE  
ORLANDO, FL 32803 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	FERBER, JAMES
Address	433 NORTH MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803

Title	CFO
Name	RUSSELL, MARK
Address	433 NORTH MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803

Title	CAO
Name	MANAHAN, COLLEEN
Address	433 NORTH MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803

Title	D
Name	MARTINEZ, RALPH
Address	433 NORTH MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803

Title	D
Name	RYAN, HELENA
Address	433 NORTH MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803

Title	DFO
Name	BARRETT, STAR
Address	433 NORTH MILLS AVE.
City-State-Zip:	ORLANDO FL 32803

*I hereby 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 all other like empowered.*

**SIGNATURE:** STAR BARRETT**DIRECTOR FINANCIAL  
OPERATIONS****01/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date