

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003505

**Entity Name:** CHILDCARE RESOURCES OF INDIAN RIVER, INC.**Current Principal Place of Business:**2300 5TH AVE  
SUITE 149  
VERO BEACH, FL 32960**Current Mailing Address:**2300 5TH AVE  
SUITE 149  
VERO BEACH, FL 32960 US**FEI Number:** 65-0523165**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCGUIRE BOWMAN, SHANNON  
2300 5TH AVENUE  
SUITE 149  
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:** SHANNON MCGUIRE BOWMAN

02/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name MCGUIRE BOWMAN, SHANNON  
Address 626 34TH TERRACE  
City-State-Zip: VERO BEACH FL 32968

Title OFFICER  
Name HEALY, KATY  
Address 5200 17TH STREET SW  
City-State-Zip: VERO BEACH FL 32968

Title OFFICER  
Name HULTQUIST, CYNTHIA  
Address 130 ISLAND CREEK DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title OFFICER  
Name DONOVAN, SUSAN  
Address 6196 57TH COURT  
City-State-Zip: VERO BEACH FL 32967

Title OFFICER  
Name HORTON, BARBARA  
Address 201 SANDPIPER POINTE  
City-State-Zip: VERO BEACH FL 32963

Title TREASURER  
Name BIENDORF, JIM  
Address 4259 DIAMOND SQUARE  
City-State-Zip: VERO BEACH FL 32967

Title PRESIDENT  
Name FARRAH, PATRICK  
Address 1366 STARBOARD ST.  
City-State-Zip: SEBASTIAN FL 32958

Title OFFICER  
Name JOHNSON, HELEN BOEHM DR.  
Address 1321 SEAHAWK LANE  
City-State-Zip: VERO BEACH FL 32963

**Continues on page 2**

*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:** SHANNON MCGUIRE BOWMAN

EXECUTIVE DIRECTOR

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name SPOONER, KARLA  
Address 994 WINDING RIVER ROAD  
City-State-Zip: VERO BEACH FL 32963

Title OFFICER  
Name GLAZER, GINNY  
Address 60 OYSTER CUT  
City-State-Zip: VERO BEACH FL 32963

Title SECRETARY  
Name SORZANO, TRACEY  
Address 3001 OCEAN DRIVE  
SUITE 301  
City-State-Zip: VERO BEACH FL 32963

Title OFFICER  
Name BAKER, BRIAN  
Address 6555 MARTINIQUE WAY  
City-State-Zip: VERO BEACH FL 32967

Title OFFICER  
Name PESHKE, JENNIFER  
Address 4727 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title OFFICER  
Name THURN, KYLE  
Address 360 40TH CT, SW  
City-State-Zip: VERO BEACH FL 32968