2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003505

Entity Name: CHILDCARE RESOURCES OF INDIAN RIVER, INC.

FILED Mar 14, 2017 **Secretary of State** CC3939193403

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: No

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

03/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title **TREASURER** Title ED

Name WILLIAMS, ANDY Name MCGUIRE BOWMAN, SHANNON

Address 2300 5TH AVE. Address 2300 5TH AVE.

SUITE 149 SUITE 149

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT, IMMEDIATE PAST Title **PRESIDENT**

Name VEENEMAN, CAROLYN Name BLOCK FAIRES, KATHRYN

Address 2300 5TH AVE. Address 2300 5TH AVE.

SUITE 149 SUITE 149

VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title **OFFICER** Title **OFFICER**

SPOONER, KARLA GIESSERT, RICHARD Name Name

Address 2300 5TH AVE. Address 2300 5TH AVE.

SUITE 149 SUITE 149

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title Title **OFFICER OFFICER**

Name HOPWOOD, NANCY Name BAREFOOT, PAM Address

2300 5TH AVE. Address 2300 5TH AVE. SUITF 149 **SUITE 149**

VERO BEACH FL 32960 VERO BEACH FL 32960 City-State-Zip: City-State-Zip:

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.

03/14/2017 SIGNATURE: SHANNON MCGUIRE BOWMAN EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

OFFICER Title Title **OFFICER**

Name BUHL, CAROL Name BLAXILL-DEAL, SUSAN

2300 5TH AVE Address 2300 5TH AVE. Address SUITE 149 SUITE 149

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

OFFICER Title Title **OFFICER**

Name DZIELSKI, ANTHONY Name FURR, WILLIAM Address 2300 5TH AVE Address 2300 5TH AVE

SUITE 149 SUITE 149

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960