2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003505

Entity Name: CHILDCARE RESOURCES OF INDIAN RIVER, INC.

FILED
Mar 08, 2018
Secretary of State
CC9486861797

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

03/08/2018

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

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

Title PRESIDENT, IMMEDIATE PAST Title PRESIDENT

Name HEALY, KATY Name BLAXILL-DEAL, SUSAN

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 OFFICER Title INCOMING PRESIDENT

Name SPOONER, KARLA Name GIESSERT, RICHARD

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 OFFICER Title OFFICER

Name BAREFOOT, PAM Name BUHL, CAROL 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

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 03/08/2018

Officer/Director Detail Continued:

OFFICER Title Title **OFFICER**

HULTQUIST, CYNTHIA FURR, WILLIAM Name Name Address 2300 5TH AVE

Address 2300 5TH AVE

Address

City-State-Zip:

SUITE 149

VERO BEACH FL 32960

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

SUITE 149

City-State-Zip:

VERO BEACH FL 32960

OFFICER Title **OFFICER** Title

CORBETT, JEANETTE Name LABALLARTE, SARA Name

> 2300 5TH AVE Address 2300 5TH AVE

SUITE 149 SUITE 149

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

DONOVAN, SUSAN Name HENDRICKS, JOHN Name

Address 2300 5TH AVE Address 2300 5TH AVE

SUITE 149 SUITE 149

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

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

HORTON, BARBARA LAMBERT, JOY Name Name Address 2300 5TH AVE Address 2300 5TH AVE

> **SUITE 149 SUITE 149**

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