

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708767

FILED
Apr 28, 2006
Secretary of State

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 (X)

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: VD () Delete
Name: HOFFMAN, LOIS,
Address: 440 E. FRANKLYN AVE
City-St-Zip: INDIALANTIC, FL

Title: C () Delete
Name: ARCHER, DOREEN
Address: 1265 ST. GEORGE RD.
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: PEMBERTON, LYNN
Address: 995 OAK TREE STREET
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD () Delete
Name: KNIGHT, WANDA
Address: 1148 LINDA AVENUE
City-St-Zip: TITUSVILLE, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. JOHN STORM

C

04/28/2006

Electronic Signature of Signing Officer or Director

Date