

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 06 1997 8:00am
Secretary of State**DOCUMENT # 716092 (2)**

1. Corporation Name

COORDINATED CHILD CARE OF PINELLAS, INC.

Principal Place of Business

Mailing Address

6698 68TH AVENUE NORTH
SUITE B
PINELLAS PARK FL 34665
US6698 68TH AVENUE NORTH
SUITE B
PINELLAS PARK FL 33781-5061
US3. Date Incorporated or Qualified
02/20/19693a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

COOLEY, GUY M.
6698 68TH AVENUE NORT
SUITE B
PINELLAS PARK FL 34665

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

MILLER, MYRON M. DR.

STREET ADDRESS

SPJC, POST OFFICE BOX 13489

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

V

☐ DELETE

NAME

MULLIGAN, JANE

STREET ADDRESS

112 70TH STREET SOUTH

CITY - ST - ZIP

ST PETERSBURG, FL 33704

TITLE

T

☐ DELETE

NAME

HARRIS, CLARETHA

STREET ADDRESS

2420 GRANADA CIRCLE SE

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

☐ DELETE

NAME

CARLSON, SUSAN

STREET ADDRESS

150 2ND AVE NORTH

CITY - ST - ZIP

ST PETERSBURG, FL 33710

TITLE

S

☐ DELETE

NAME

RIEMAN, LORETTA

STREET ADDRESS

ST. PETE TIMES, 490 1ST AVENUE S

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

☐ DELETE

NAME

STROH, JIM

STREET ADDRESS

701 6TH STREET SOUTH

CITY - ST - ZIP

ST. PETERSBURG FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

Date

Daytime Phone # 0052193

CR2E037 (9/96)