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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90083 041 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716092**

1. Corporation Name

**COORDINATED CHILD CARE OF PINELLAS, INC.**

Principal Place of Business

6698 68TH AVENUE NORTH  
SUITE B  
PINELLAS PARK FL 34665  
US

Mailing Address

6698 68TH AVENUE NORTH  
SUITE B  
PINELLAS PARK FL 34665  
US

240364 - 90083 - 41



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/20/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1295214
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24 33781	29 33781	30

9. Name and Address of Current Registered Agent

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

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  
33781

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

*Guy M. Cooley*  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MYRON M. DR.	1.2 NAME	
STREET ADDRESS	SPJC, POST OFFICE BOX 13489	1.3 STREET ADDRESS	6383 Dartmouth Ave. N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, JANE	2.2 NAME	
STREET ADDRESS	112 70TH STREET SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CLARETHA	3.2 NAME	
STREET ADDRESS	2420 GRANADA CIRCLE SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	33712
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, SUSAN	4.2 NAME	
STREET ADDRESS	150 2ND AVE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	4.4 CITY-ST-ZIP	33701
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEMAN, LORETTA	5.2 NAME	
STREET ADDRESS	ST. PETE TIMES, 490 1ST AVENUE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	33701
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINDA, BRUCE	6.2 NAME	
STREET ADDRESS	1550 75TH CIRCLE NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*Guy M. Cooley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

Daytime Phone #

CR2E037 (1/98)

240364-90083-41  
7/60/92

**COORDINATED CHILD CARE OF PINELLAS, INC.**  
**BOARD OF DIRECTORS**  
1998-99

**President:** Dr. Myron Miller  
6383 Dartmouth Avenue North  
St. Petersburg, FL 33710  
Phone/Fax: 347-3695

**Vice President:** Vacant

**Secretary:** Ms. Loretta Rieman  
St. Petersburg Times  
490 First Avenue South  
St. Petersburg, FL 33701  
Phone: 893-8606  
Fax: 892-2990  
E-Mail: lrieman@sptimes.com

**Treasurer:** Ms. Claretha Harris  
2420 Granada Circle South East  
St. Petersburg, FL 33712  
Phone: 464-4538 (work)  
866-3293 (home)  
Fax: 464-3511

Ms. Rinda Bruce  
1550-75th Circle North East  
St. Petersburg, FL 33702  
Phone: 527-2314  
Fax: 527-2314 (phone first)

D ~~Ms. Diana Dickson~~  
535 20th Avenue North East  
St. Petersburg, FL 33704  
Phone: 821-5127  
Fax: 823-8979

D Ms. Susan Finlaw-Dusseault  
YWCA of Tampa Bay  
655 Second Avenue South  
St. Petersburg, FL 33701  
Phone: 896-4629  
Fax: 821-3478

D ~~Ms. Sue Ann Korsberg~~  
6727 Ranger Drive  
Tampa, FL 33615-2530  
Phone: 892-6761 (work)  
855-5259 (home)  
Fax: 892-6727

D Ms. Gerri Steadman  
Human Resource Strategies, Inc.  
961 Live Oak Avenue North East  
St. Petersburg, FL 33703  
Phone: 522-4546  
Fax: 522-3563

D ~~Mr. Stan Lee~~  
2802 West Vina Del Mar Blvd.  
St. Petersburg, FL 33706  
Phone: 360-8603

240364-2008-41  
7/16/09

D (Ms. Marjorie Karvonen)  
7360 14th Street North East  
St. Petersburg, FL 33702  
Phone: 525-6504 (home)  
821-6550 (work)  
Fax: 821-3720

Ms. Susan Carlson  
150 Second Avenue North  
St. Petersburg, FL 33701  
Phone: 898-6692 (law office)  
Fax: 898-8811

D (Ms. Judi Vitucci)  
All Children's Hospital  
Box 7470-801 - 6th Street South  
St. Petersburg, FL 33701  
Phone: 892-4403  
Fax: 892-6727

D (Ms. Vera Spraggins)  
1388 62nd Terrace South  
St. Petersburg, FL 33705  
Phone: 341-4608 (SPJC)