


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90095 032 \*\*\*\*70.00

<b>DOCUMENT # 716092</b>		
1. Entity Name COORDINATED CHILD CARE OF PINELLAS, INC.		

Principal Place of Business 6698 68TH AVENUE NORTH SUITE B PINELLAS PARK, FL 33781-5061 US	Mailing Address 6698 68TH AVENUE NORTH SUITE B PINELLAS PARK, FL 33781-5061 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


01142004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1295214	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOLEY, GUY M 6698 68TH AVENUE NORT SUITE B PINELLAS PARK, FL 33781		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEMAN, LORETTA P.O. BOX 1121 ST PETERSBURG, FL 33731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VITUCCI, JUDI 801 6TH STREET SOUTH ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINLAW-DUSSEAUULT, SUSAN 655 SECOND AVE S. ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, CLARETHA 400 CLEVELAND STREET, 5TH FLOOR CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Harris, Claretha 400 Cleveland St, 5th Floor Clearwater FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, SUSAN 150 SECOND AVE NORTH, SUITE 1100 ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, DIANA 535 20TH AVE NE SAINT-PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	1/22/04	Date	Daytime Phone #
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Attachment

Additional Officers/Directors:

Coordinated Child Care Inc

T  
Ignico, Grace  
8200 Seminole Blvd  
Seminole, FL 33772

# 716092

D  
Heverly, Cathy  
4201 Overlook Dr NE  
St Petersburg, FL 33703

D  
Karvonen, Marjorie  
7360 14 St. NE  
St Petersburg, FL 33702

D  
Korsbert, Sue Ann  
6727 Ranger Dr  
Tampa, AL 33615-2530

D  
Medjuck, Toni L  
5200 Seminole Blvd, Ste A  
Madeira Beach, FL 33708

D  
Miller, Myron  
10830 Navajo Dr  
St Petersburg, FL 33708

D  
Mulligan, Jane S  
4900 Memorial Hwy (FS3/3)  
Tampa, FL 33634

D  
Spraggins, Vera  
1388 62 Terr S  
St Petersburg, FL 33705