

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90236 035 ****70.00

DOCUMENT # 716092

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

30040666



2. Principal Place of Business
SAME

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

02162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1295214

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

COOLEY, GUY M
6698 68TH AVENUE NORT
SUITE B
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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	V VITUCCI, JUDI 801 6TH STREET SOUTH ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINLAW-DUSSEAU, SUSAN 655 SECOND AVE S. ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, CLARETHA 400 CLEVELAND STREET, 5TH FLOOR CLEARWATER, FL 33755	<input type="checkbox"/> Delete
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	D DICKSON, DIANA 535 20TH AVE NE SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Jane S. Mulligan JP Morgan Chase Back up Center 4900 Memorial Highway Tampa, Florida 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Loretta A. Rieman
Loretta A. Rieman

2/24/05

Date

Daytime Phone #