

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1295214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11/20/06-P0023-023 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEMAN, LORETTA P.O. BOX 1121 ST PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VITUCCI, JUDI 801 6TH STREET SOUTH ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLIGAN, JANE S %4900 MEMORIAL HWY TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, CLARETHA 400 CLEVELAND STREET, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, DIANA 535 20TH AVE NE SAINT PETERSBURG, FL 33704

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

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

3/2/06 **727-547-5700**
Date Daytime Phone