

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90073 040 ****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

40038035



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1295214

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME RIEMAN, LORETTA ☐ Delete
STREET ADDRESS P.O. BOX 1121
CITY-ST-ZIP ST PETERSBURG, FL 33731

TITLE P ☒ Change ☐ Addition
NAME Vitucci, Judi
STREET ADDRESS 2735 Whitney Road
CITY-ST-ZIP Clearwater, FL 33760

TITLE V ☐ Delete
NAME VITUCCI, JUDI
STREET ADDRESS 801 6TH STREET SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE V ☒ Change ☐ Addition
NAME Mulligan, Jane S.
STREET ADDRESS 4900 Memorial Highway
CITY-ST-ZIP Tampa, FL 33634

TITLE S ☐ Delete
NAME MULLIGAN, JANE S
STREET ADDRESS %4900 MEMORIAL HWY
CITY-ST-ZIP TAMPA, FL 33634

TITLE S ☒ Change ☐ Addition
NAME Korsberg, Sue A.
STREET ADDRESS P O Box 31020
CITY-ST-ZIP St Petersburg, FL 33731-8920

TITLE D ☐ Delete
NAME HARRIS, CLARETHA
STREET ADDRESS 400 CLEVELAND STREET, 5TH FLOOR
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARLSON, SUSAN
STREET ADDRESS 150 SECOND AVE NORTH, SUITE 1100
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE D ☒ Change ☐ Addition
NAME Karvonen, Marjorie
STREET ADDRESS 7360 14th St NE
CITY-ST-ZIP St Petersburg FL 33702

TITLE D ☐ Delete
NAME DICKSON, DIANA
STREET ADDRESS 535 20TH AVE NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Guy M. Cooley, Executive Director March 13, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 727-547-5796