

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 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**



03182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1295214**

Applied For  
Not Applicable

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**

**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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000869826  
04/09/08-80066-003 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORSBERG, SUE A P.O. BOX 31020 ST PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITUCCI, JUDI 2735 WHITNEY RD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 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 KARVONEN, MAJORIE 7360 14TH ST NE SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, DIANA 535 20TH AVE NE SAINT PETERSBURG, FL 33704

**DO NOT WRITE  
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/08**  
Date

**727-547-5706**  
Daytime Phone #