

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716092

FILED
Jan 06, 2009
Secretary of State

Entity Name: COORDINATED CHILD CARE OF PINELLAS, INC.

Current Principal Place of Business:

10601 BELCHER RD SOUTH
LARGO, FL 33773 US

New Principal Place of Business:

10601 BELCHER RD SOUTH
LARGO, FL 33777 US

Current Mailing Address:

10601 BELCHER RD SOUTH
LARGO, FL 33773 US

New Mailing Address:

10601 BELCHER RD SOUTH
LARGO, FL 33777 US

FEI Number: 59-1295214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COOLEY, GUY M
10601 BELCHER ROAD SOUTH
LARGO, FL 33777 US

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.

SIGNATURE:

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KORSBERG, SUE A
Address: P.O. BOX 31020
City-St-Zip: ST PETERSBURG, FL 33731

Title: P () Delete
Name: VITUCCI, JUDI
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: V () Delete
Name: MULLIGAN, JANE S
Address: 4900 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: HARRIS, CLARETHA
Address: 400 CLEVELAND STREET, 5TH FLOOR
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: KARVONEN, MAJORIE
Address: 7360 14TH ST NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D () Delete
Name: DICKSON, DIANA
Address: 535 20TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: IPP (X) Change () Addition
Name: VITUCCI, JUDI
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: P (X) Change () Addition
Name: MULLIGAN, JANE S
Address: 4900 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA SOSNOWSKI

DOF

01/06/2009

Electronic Signature of Signing Officer or Director

Date