

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716214

FILED
Feb 05, 2007
Secretary of State

Entity Name: COMMUNITY CHILD CARE CENTER OF DELRAY BEACH, INC.

Current Principal Place of Business:

555 NW 4TH STREET
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

555 NW 4TH STREET
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 59-1264435 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HURD, MRS. NANCY K.
17 NW 15 STREET
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, THOMAS N
Address: 980 N. FEDERAL HIGHWAY, SUITE 410
City-St-Zip: BOCA RATON, FL 33432 US

Title: V () Delete
Name: VAPNEK, PETER J DR.
Address: 234 NE 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: T () Delete
Name: HENNINGER, DAVID
Address: 602 SUNSHINE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: S () Delete
Name: SWANEY, NANCY
Address: 801 S OCEAN BOULEVARD
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: D () Delete
Name: BUTLER, LULA
Address: 100 NW 1ST AVENUE
City-St-Zip: DELRAY BCH., FL 33444 US

Title: D () Delete
Name: BRIGHT, ANNE
Address: 700 SEASAGE DRIVE
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VAPNEK, PETER J DR.
Address: 234 NE 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: V (X) Change () Addition
Name: BUTLER, LULA
Address: 100 NW 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

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

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

Title: D (X) Change () Addition
Name: CATHERINE, JACOBUS
Address: 2999 N. OCEAN BOULEVARD
City-St-Zip: GULF STREAM, FL 33483 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY K. HURD

EXEC

02/05/2007

Electronic Signature of Signing Officer or Director

Date