

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716214

FILED
Mar 19, 2012
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
Name: VAPNEK, PETER J DR.
Address: 14838 SOUTH MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: V
Name: KING, CHRISTINE
Address: 562 EAST WOOLBRIGHT ROAD, SUITE 107
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: T
Name: MIKE, CRUZ
Address: 1510 N. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: S
Name: SWANEY, NANCY
Address: ONE PEACOCK LANE
City-St-Zip: VILLAGE OF GOLF, FL 33436 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY K. HURD

CEO

03/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date