2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 01, 2004 8:00 am
Secretary of State

02-18-2004 90017 001 ****61.25

DOCUMENT # 718388

1. Entity Name

EARLY CHILDHOOD RESOURCES, INC.

Principal Place of Business	Mailing Address
122 CENTRAL AVE WEST WINTER HAVEN FL 33880-6313 US	122 CENTRAL AVE WEST WINTER HAVEN FL 33880-6313 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E037 (11/03)

4. FEI Number 59-0766971 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWZE, KATE DR 122 CENTRAL AVE WEST WINTER HAVEN FL 33880-6313	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 CD NAME O'SULLIVAN, RICHARD DR STREET ADDRESS 3229 STONE WATER DR CITY-ST-ZIP LAKELAND FL 33813	☐ Delete	TITLE D NAME O'Sullivan, Richard Dr. STREET ADDRESS 3229 Stone Water Drive CITY-ST-ZIP Lakeland, FL 33803	☑ Change ☐ Addition
TITLE VCD NAME DEARING, LAURA STREET ADDRESS 9939 ROCK RIDGE ROAD CITY-ST-ZIP LAKELAND FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME KREMAR, ANNE STREET ADDRESS 7 LAKE HOLLINGSWORTH DR CITY-ST-ZIP LAKELAND FL 33813	☐ Delete	TITLE S|D NAME Kremer, Anne STREET ADDRESS 7 Lake Hollingsworth Dr. CITY-ST-ZIP Lakeland, FL 33803	☑ Change ☐ Addition
TITLE P NAME HOWZE, KATE DR STREET ADDRESS 301 NORTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND FL 33802-0368	☐ Delete	TITLE P NAME Stowell, Kate Dr. STREET ADDRESS 122 Central Avenue West CITY-ST-ZIP Winter Haven, FL 33880	☑ Change ☐ Addition
TITLE TD NAME CARPENTER, BARABAR STREET ADDRESS 1339 ROBERT KING HIGH DR CITY-ST-ZIP LAKELAND FL 33805	☐ Delete	TITLE CD NAME Carpenter, Barbara STREET ADDRESS 1339 Robert King High Dr. CITY-ST-ZIP Lakeland, FL 33805	☑ Change ☐ Addition
TITLE D NAME POSTELL, VIVIAN STREET ADDRESS 812 SIXTH STREET CITY-ST-ZIP LAKELAND FL 33808	☑ Delete	TITLE T|D NAME Bhattacharjee, P.K. STREET ADDRESS 1328 Summit Chase Dr. CITY-ST-ZIP Lakeland, FL 33813	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kate Stowell — 2/25/04 — 863-292-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #