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

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

MOORE CR2E037 (11/03)

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

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

HOWZE, KATE DR
122 CENTRAL AVE WEST
WINTER HAVEN FL 33880-6313

7. Name and Address of New Registered Agent

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