

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 719807 (0)

1. Corporation Name

CHILD CARE RESOURCES, INC.



Principal Place of Business

Mailing Address

1731 NW 6TH STREET
GAINESVILLE FL 32607

PO BOX 14585
GAINESVILLE FL 32604
US

2. Principal Place of Business

21 1731 NW 6TH STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 1731 NW 6TH STREET

Suite, Apt. #, etc.

23 City & State

GAINESVILLE FL

24 Zip

32609

Country

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

9. Name and Address of Current Registered Agent

FOUST, PEG
1927 NW 7TH LANE
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name KELLEHER, BARBARA
82 Street Address (P.O. Box Number is Not Acceptable) 5324 NW 8TH AVENUE
83
84 City GAINESVILLE FL 85 Zip Code 32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Barbara Kelleher

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD
MCKETTY, EVELYN
STREET ADDRESS 2101 NW 54TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE ☒ DELETE

NAME PD
KELLEHER, BARBARA,
STREET ADDRESS 5324 NW 8TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME VD
REED, RAHIM,
STREET ADDRESS 4420 NW 20TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME SD
GETS, LISPBETH,
STREET ADDRESS 4601 NW 13TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rahim Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

Date

904-392-0421

Daytime Phone #

CR2E037 (12/95)