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Jun 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 719807 (0)

1. Corporation Name

CHILD CARE RESOURCES, INC.



Principal Place of Business

Mailing Address

1731 NW 6TH STREET
GAINESVILLE FL 32607

1731 NW 6TH STREET
GAINESVILLE FL 32609-3531

3. Date Incorporated or Qualified
12/07/1970

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip Country

Zip Country

24

32609

25

29

30

4. FEI Number
59-1356075

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEHER, BARBARA
5324 NW 8TH AVE.
GAINESVILLE FL 32605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 office 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO ☒ DELETE

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

TITLE PD ☐ DELETE

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

TITLE SD ☒ DELETE

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

TITLE VD ☒ DELETE

NAME DEVORE, MARK
STREET ADDRESS 2351 NW 45TH LN.
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE

NAME PARKER, ELIZABETH
STREET ADDRESS 4821 NW 37TH DR.
CITY-ST-ZIP GAINESVILLE FL

TITLE ☒ DELETE

NAME Janet Allen
STREET ADDRESS 8723 S.W. 103rd Ave.
CITY-ST-ZIP Gainesville, FL 32608

1.1 TITLE Secretary ☐ Change ☒ Addition

1.2 NAME Thomas Vetica
1.3 STREET ADDRESS 644 NE 9th Ave.

1.4 CITY-ST-ZIP Gainesville, FL 32601

2.1 TITLE Treasurer ☐ Change ☒ Addition

2.2 NAME Bob Williams

2.3 STREET ADDRESS 6220 NW 43rd Street
2.4 CITY-ST-ZIP Gainesville, FL 32606

3.1 TITLE 1st Vice President ☐ Change ☒ Addition

3.2 NAME Gladys Wyman
3.3 STREET ADDRESS 1515 NE 13th Street
3.4 CITY-ST-ZIP Gainesville, FL 32601

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 400002213254

5.3 STREET ADDRESS -06/16/97--01116--000

5.4 CITY-ST-ZIP ***61.25

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

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