

FILE NOW: FILING FEE IS \$61.25

FILED
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
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DOCUMENT # 719807 (0)
1. Corporation Name
CHILD CARE RESOURCES, INC.



Principal Place of Business 1731 NW 6TH STREET GAINESVILLE FL 32607	Mailing Address 1731 NW 6TH STREET GAINESVILLE FL 32609-3531
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/07/1970	3a. Date of Last Report 05/01/1996
22 City & State	27 City & State	4. FEI Number 59-1356075	Applied For Not Applicable
23 Zip 32609	25 Country	29 Zip 32609	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KELLEHER, BARBARA
5324 NW 8TH AVE.
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKETTY, EVELYN	1.2 NAME	Thomas Vetica
STREET ADDRESS	2101 NW 54TH TERRACE	1.3 STREET ADDRESS	644 NE 9th Ave.
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, RAHIM,	2.2 NAME	Bob Williams
STREET ADDRESS	4420 NW 20TH PLACE	2.3 STREET ADDRESS	6220 NW 43rd Street
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	1st Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GETS, LISPETH,	3.2 NAME	Gladys Wyman
STREET ADDRESS	4601 NW 13TH AVENUE	3.3 STREET ADDRESS	1515 NE 13th Street
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVORE, MARK	4.2 NAME	
STREET ADDRESS	2351 NW 45TH LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ELIZABETH	5.2 NAME	400002213254
STREET ADDRESS	4821 NW 37TH DR.	5.3 STREET ADDRESS	-06/16/97--01116--000
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	***61.25
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Allen	6.2 NAME	
STREET ADDRESS	8723 S.W. 103rd Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32608	6.4 CITY-ST-ZIP	

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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)