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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32607

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1970

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

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

(NOTE: Registered Agent signature required when reinstating)

1/26/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	VETICA, THOMAS	
STREET ADDRESS	644 NE 9TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REED, RAHIM,	
STREET ADDRESS	4420 NW 20TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BOB	
STREET ADDRESS	6220 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WYMAN, GLADYS	
STREET ADDRESS	1515 NE 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKER, ELIZABETH	
STREET ADDRESS	4821 NW 37TH DR.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Thomas M. Vetica* REQUIRED
Signature, typed or printed name of registered agent, and title if applicable. Thomas M. Vetica, Secretary 1/26/98

CR2E037 (10/97)