

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719807

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

FILED

99 JUL 27 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/30/99 90169 028 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/07/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1356075	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KELLEHER, BARBARA 1731 NORTHWEST SIXTH STREET GAINESVILLE FL 32609				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 <i>Barbara Kelleher, Executive Director</i> 5/29/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE S <input checked="" type="checkbox"/> DELETE			1.1 TITLE Mary Ellen Hanrahan <i>9D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME VETICA, THOMAS			1.2 NAME 8730 NW 16th Place		
STREET ADDRESS 644 NE 9TH AVE.			1.3 STREET ADDRESS Gainesville, Florida 32605		
CITY-ST-ZIP GAINESVILLE FL 32601			1.4 CITY-ST-ZIP Secretary (Interim)		
TITLE PD <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME REED, RAHIM,			2.2 NAME		
STREET ADDRESS 4420 NW 20TH PLACE			2.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL			2.4 CITY-ST-ZIP		
TITLE T <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WILLIAMS, BOB			3.2 NAME		
STREET ADDRESS 6220 NW 43RD STREET			3.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32606			3.4 CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WYMAN, GLADYS			4.2 NAME		
STREET ADDRESS 1515 NE 13TH STREET			4.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32601			4.4 CITY-ST-ZIP		
TITLE VD <input checked="" type="checkbox"/> DELETE			5.1 TITLE 2nd Vice President <i>Y/D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME PARKER, ELIZABETH			5.2 NAME Dr. May Montrichard		
STREET ADDRESS 4821 NW 37TH DR.			5.3 STREET ADDRESS 410 NE Waldo Road		
CITY-ST-ZIP GAINESVILLE FL			5.4 CITY-ST-ZIP Gainesville, Florida 32601		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/99 (352-334-155) 6/3/99