
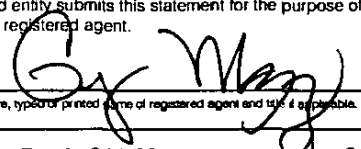
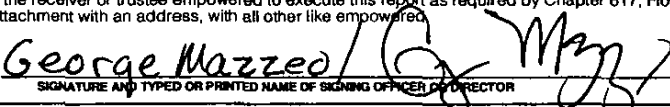


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90041 014 \*\*\*\*61.25

<b>DOCUMENT # 719807</b> 1. Entity Name <b>CHILD CARE RESOURCES, INC.</b>					
Principal Place of Business 515 N. MAIN ST. GAINESVILLE, FL 32601			Mailing Address 515 N. MAIN ST. GAINESVILLE, FL 32601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1356075</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>REARDON, STEPHEN E</b> <b>515 N. MAIN ST.</b> <b>GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent Name <b>George Mazzeo</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 N MAIN ST</b> City <b>GAINESVILLE</b> FL <b>32601</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE <b>1-31-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, SUSAN O		NAME		
STREET ADDRESS	9105 SE 225 DR.		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP		
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, ALVIN B		NAME		
STREET ADDRESS	1204 N.W. 13 ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JAMES W		NAME		
STREET ADDRESS	PO BOX 390 I/O BOX 3		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32602		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRISH, MARGARET		NAME	<b>A. Todd Robertson</b>	
STREET ADDRESS	1683 NE 18 PL		STREET ADDRESS	<b>9702 SW 35 LN</b>	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>SD Melba Rogers</b>	
STREET ADDRESS			STREET ADDRESS	<b>4713 NW 30 Ave</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>GAINESVILLE FL 32609</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE <b>1-31-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>352.334.1550</b>		