2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State **DOCUMENT # 722273** 02-02-2004 90032 020 ****70.00 CHILD CARE RESOURCE NETWORK, INC. Principal Place of Business Mailing Address 230 NORTH BEACH STREET, 2ND FLOOR 230 NORTH BEACH STREET, 2ND FLOOR DAYTONA BEACH, FL 32114 US DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address 230 North Beach 230 Nurth Begch Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 Chg-NP CR2E037 (10/03) aytong City & State City & State Applied For 59-1368567 Not Applicable Country Country \$8.75 Additional U'S A 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPPARD, JO 230 NORTH BEACH STREET, 2ND FLOOR Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32114 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITE E Addition ☐ Change SHARP, WINIFRED J HONORAB NAME NAME 5TH DIS. CT. OF AP. 300 S BEACH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-7IP ☐ Delete mi e ☐ Change Addition NAME QUELLO, KIM NAME 25 COCHISE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 Caty-ST-7P TITLE ☐ Delete ☐ Change ☐ Addition RITCHEY, CYNTHIA R NAME NAME STREET ADDRESS 2314 S HALIFAX DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE: Delete TITLE ☐ Change ☐ Addition NAME ACER, DON NAME 881 NORTH BEACH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-7IP TITLE Delete ☐ Change TITLE ☐ Addition NAME BARNEY, FRED NAME 533 N NOVA ROAD SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE Detete Change ☐ Addition Jacobsen, Dana 6221 Yose mite Drive Port Orange, Floris NAME JACOBSON, DANE NAME 6221 YOSEMILE DR STREET ADDRESS STREET ADDRESS Florida CITY-ST-ZIP DAYTONA BEACH, FL 32127 CTTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Feb 02, 2004 8:00 am