

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 722273

1. Entity Name
CHILD CARE RESOURCE NETWORK, INC.



FILED

05 JAN 28 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**230 NORTH BEACH STREET
DAYTONA BEACH, FL 32114 US**

Mailing Address
**230 NORTH BEACH STREET
DAYTONA BEACH, FL 32114 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1368567

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, JO
230 NORTH BEACH STREET
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SHARP, WINIFRED J HONORAB**
STREET ADDRESS **5TH DIS. CT. OF AP. 300 S BEACH ST**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **D** ☐ Delete
NAME **QUELLO, KIM**
STREET ADDRESS **25 COCHISE COURT**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **P** ☐ Delete
NAME **RITCHEY, CYNTHIA R**
STREET ADDRESS **3044 COLUMBIAN BLVD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **D** ☐ Delete
NAME **ACER, DON**
STREET ADDRESS **881 NORTH BEACH STREET**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **VP** ☐ Delete
NAME **BARNEY, FRED**
STREET ADDRESS **533 N NOVA ROAD SUITE 204**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **ST** ☐ Delete
NAME **JACOBSEN, DANA**
STREET ADDRESS **6221 YOSEMITE DRIVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32127**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **100046111401**
STREET ADDRESS **02/07/05--01043--001 **70.00**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Jacobsen, Dana**
STREET ADDRESS **6221 Yosemite Dr.**
CITY-ST-ZIP **Port Orange FL 32127**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo Sheppard, CEO

1/18/05

386 323 2400

Date

Daytime Phone #