## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 722273**

FILED Jan 24, 2007 Secretary of State

Entity Name: CHILD CARE RESOURCE NETWORK, INC.

**Current Principal Place of Business: New Principal Place of Business:** 230 NORTH BEACH STREET DAYTONA BEACH, FL 32114 US **Current Mailing Address: New Mailing Address:** 230 NORTH BEACH STREET DAYTONA BEACH, FL 32114 US FEI Number: 59-1368567 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, JESSICA 230 NORTH BEACH STREET DAYTONA BEACH, FL 32114 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SHARP, WINIFRED J HONORAB PETERSON, WENDY Name: Name: 5TH DIS. CT. OF AP. 300 S BEACH ST Address: 208 GETTYSBURG LANE Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32119 Title: Title: (X) Change ( ) Addition () Delete QUELLO, KIM Name: QUELLO, KIM Name: Address: 15 CORTE VISTA Address: 15 CORTE VISTA City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 Title: () Delete Title: () Change () Addition GAINOUS, PATRICIA Name: Name: 212 S. CAROLINE ST Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: ACER, DON Name: 881 NORTH BEACH STREET Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition BARNEY, FRED FRANK, LARRY Name: Name: 284 BAYRIDGE COURT 127 BUCKSKIN LANE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change () Addition JACOBSEN, DANA Name: Name: Address: 6221 YOSEMITE DRIVE Address: PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA JACOBSEN P 01/24/2007