


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90092 012 \*\*\*\*70.00

<b>DOCUMENT # 724582</b>	
1. Entity Name ORGANIZATIONS' COMMITTEE FOR DAY CARE, INC.	

Principal Place of Business 4315 METRO PARKWAY SUITE 400 FT MYERS, FL 33916	Mailing Address 4315 METRO PARKWAY SUITE 400 FT MYERS, FL 33916
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04232007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7249018	Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
<table border="1"> <tr> <td colspan="2">8. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> HEDGE, SUSAN L 3406 PALM BEACH BLVD. FT MYERS, FL 33916 </td> <td colspan="2"> Name <u>Rhea B. Mike</u>  Street Address (P.O. Box Number is Not Acceptable) <u>14800 Crystal Cove Ct. #903</u>  City <u>Ft. Myers</u> FL Zip Code <u>33919</u> </td> </tr> </table>		8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		HEDGE, SUSAN L 3406 PALM BEACH BLVD. FT MYERS, FL 33916		Name <u>Rhea B. Mike</u> Street Address (P.O. Box Number is Not Acceptable) <u>14800 Crystal Cove Ct. #903</u> City <u>Ft. Myers</u> FL Zip Code <u>33919</u>	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent							
HEDGE, SUSAN L 3406 PALM BEACH BLVD. FT MYERS, FL 33916		Name <u>Rhea B. Mike</u> Street Address (P.O. Box Number is Not Acceptable) <u>14800 Crystal Cove Ct. #903</u> City <u>Ft. Myers</u> FL Zip Code <u>33919</u>							

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 Rhea B. Mike DATE 5-1-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MONTAGUE, GREG 8889 PELICAN BAY BLVD STE 101 NAPLES, FL 34408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBINSON, WILLIAM PMB 206, P.O. BOX 413005 NAPLES, FL 34101-3005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, MARJORIE 1865 BIS LANE SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HACKNEY, SHERL 2622 CORTEZ BLVD FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIKE, RHEA 14800 CRYSTAL COVE CT. FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] DATE 4-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR