

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724582

FILED
Apr 30, 2008
Secretary of State

Entity Name: ORGANIZATIONS' COMMITTEE FOR DAY CARE, INC.

Current Principal Place of Business:

4315 METRO PARKWAY
SUITE 400
FT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

4315 METRO PARKWAY
SUITE 400
FT MYERS, FL 33916

New Mailing Address:

FEI Number: 23-7249018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKE, RHEA B
14800 CRYSTAL COVE CT #903
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

AARON A. FARMER, P.L.
720 FIFTH AVENUE SOUTH
SUITE 200
NAPLES, FL 34102 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: AARON A. FARMER

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROBINSON, WILLIAM
Address: PMB 206, P.O. BOX 413005
City-St-Zip: NAPLES, FL 341013005 US

Title: VD () Delete
Name: WILSON, MARJORIE
Address: 1865 IBIS LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: SD () Delete
Name: HACKNEY, SHERL
Address: 2622 CORTEZ BLVD
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: MIKE, RHEA
Address: 14800 CRYSTAL COVE CT.
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: ROBINSON, WILLIAM
Address: PMB 206, P.O. BOX 413005
City-St-Zip: NAPLES, FL 34101 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM ROBINSON

C

04/30/2008

Electronic Signature of Signing Officer or Director

Date