## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 8:00 am Secretary of State 05-01-2006 90383 023 \*\*\*\*61.25

DOCUMENT # 758154  1. Entity Name MARY FAUST CHILD CARE RESOURCE LIBRARY, INC.					-		
Principal Place o 26810 US HWY CLEARWATER, F	. 19 N.	Mailing Address 26810 US HWY. 19 N. CLEARWATER, FL 33761	ı US				
	8th Ave. North		Av. North				
Suite Apt. #,	<i>i</i>	Suite Apt. #, etc. Suite C			ng-NP (	CR2E037 (11/05)	
City & State		<del>                                     </del>	isk FL	4. FEI Number 51-017361	9	No	oplied For ot Applicable
33781-5		33781-5015	Dountry U.S./	<del></del>		See Require	ditional d
6. Name and Address of Current Registered Agent Name				7. Name and Add	ress of New Regi	stered Agent	
HUTCHESON, ELAINE				- (B.O.B. )	1 . 4		
26810 U.S HIGHWAY 19 NORTH CLEARWATER, FL 33761			Street Addre	ss (P.O. Box Number is N	NOT Acceptable)	<del></del>	
:			City			Zip Cod	le
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							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							
Sig	gnature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE	
F	filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	oaign Financing ontribution.	\$5.00 May Be Added to Fees		e check payable to Department of Si	
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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.

Kathish Tare Signature and Typed or Printed Name of Signing Officer or Director SIGNATURE: \_