

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 of Business 26810 US HWY. 19 N. CLEARWATER, FL 33761 US		Mailing Address 26810 US HWY. 19 N. CLEARWATER, FL 33761 US	
2. Principal Place of Business <i>6698 68th Ave. North</i> Suite, Apt. #, etc. <i>Suite C</i>		3. Mailing Address <i>6698 68th Ave. North</i> Suite, Apt. #, etc. <i>Suite C</i>	
City & State <i>Pinellas Park FL</i>		City & State <i>Pinellas Park, FL</i>	
Zip <i>33781-5015</i>		Zip <i>33781-5015</i>	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>	
4. FEI Number 51-0173619		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHESON, ELAINE 26810 U.S HIGHWAY 19 NORTH CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUTCHESON, ELAINE 26810 U.S HIGHWAY 19 N CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hutcheson, Elaine 6698 68th Ave. North, Suite C Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CONROY, KATHY 26810 US HWY 19 N. CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Conroy, Kathy 6698 68th Ave. North, Suite C Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGLUND, KATHY 26810 U.S HIGHWAY 19 N CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rachel, Elaine 6698 68th Ave. North, Suite C Pinellas Park, FL 33781
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
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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: <i>Kathy Conroy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/06 727 547 5805 Date Daytime Phone #	