

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90127 017 ****61.25

DOCUMENT # 758154

1. Entity Name
MARY FAUST CHILD CARE RESOURCE LIBRARY, INC.



Principal Place of Business
**6698 68TH AVE N
STE C
PINELLAS PARK, FL 33781-5015 US**

Mailing Address
**6698 68TH AVE N
STE C
PINELLAS PARK, FL 33781-5015 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0173619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHESON, ELAINE
26840 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33761**

*Same agent -
new address*

Name

Street Address (P.O. Box Number is Not Acceptable)

6698 68th Ave, Suite C

City

Pinellas Park

FL

Zip Code

33781

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

**D
HUTCHESON, ELAINE
6698 68TH AVE N STE C
PINELLAS PARK, FL 33781**

☐ Delete *spelling error*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Hutcheson, Elaine**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DC
CONRAY, KATHY
6698 68TH AVE N STE C
PINELLAS PARK, FL 33781**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Conroy, Kathy

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
RACHAL, ELAINE
6698 68TH AVE N STE C
PINELLAS PARK, FL 33781**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Kathy Conroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

727 547 5805

Daytime Phone #