

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90035 045 \*\*\*\*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 #

**4175 East Bay Drive**

3. Mailing Address

**4175 East Bay Drive**

Suite, Apt. #, etc.

**Suite 350**

Suite, Apt. #, etc.

**Suite 350**

City & State

**Clearwater, FL**

City & State

**Clearwater, FL**

Zip

**33764**

Country

**USA**

Zip

**33764**

Country

**USA**

04102008 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

**HUTCHESON, ELAINE  
6698 68TH AVE SUTIE C  
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name **Conroy, Kathy**

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

**4175 East Bay Drive,  
Suite 350**

City **Clearwater**

**FL**

Zip Code

**33764**

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

*Kathy Conroy*

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

(NOTE: Registered Agent signature required when reinstating)

**4/10/08**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE **D** ☒ Delete  
NAME **HUTCHESON, ELAINE**  
STREET ADDRESS **6698 68TH AVE N STE C**  
CITY - ST - ZIP **PINELLAS PARK, FL 33781**

TITLE **DC** ☐ Delete  
NAME **CONROY, KATHY**  
STREET ADDRESS **6698 68TH AVE N STE C**  
CITY - ST - ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☒ Delete  
NAME **RACHAL, ELAINE**  
STREET ADDRESS **6698 68TH AVE N STE C**  
CITY - ST - ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☒ Addition  
NAME **Lewis, E. Suzie**  
STREET ADDRESS **4175 East Bay Drive, Suite 350**  
CITY - ST - ZIP **Clearwater, FL 33764**

TITLE **DC** ☒ Change ☐ Addition  
NAME **Conroy, Kathy**  
STREET ADDRESS **4175 East Bay Drive, Suite 350**  
CITY - ST - ZIP **Clearwater, FL 33764**

TITLE **D** ☐ Change ☒ Addition  
NAME **Massarsky, Jorie**  
STREET ADDRESS **4175 East Bay Drive, Suite**  
CITY - ST - ZIP **Clearwater, FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

**4/10/08 (727) 507-4857**

Date

Daytime Phone # **417 1314**