

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758154

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** MARY FAUST CHILD CARE RESOURCE LIBRARY, INC.

**Current Principal Place of Business:**

4175 EAST BAY DRIVE  
SUITE 350  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

4175 EAST BAY DRIVE  
SUITE 350  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:** 51-0173619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONROY, KATHY  
4175 EAST BAY DRIVE  
SUITE 350  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SUZIE, LEWIS  
Address: 4175 EAST BAY DRIVE, SUITE 350  
City-St-Zip: CLEARWATER, FL 33764

Title: DC ( ) Delete  
Name: CONROY, KATHY  
Address: 4175 EAST BAY DRIVE, SUITE 350  
City-St-Zip: CLEARWATER, FL 33764

Title: D (X) Delete  
Name: MASSARSKY, JORIE  
Address: 4175 EAST BAY DRIVE, SUITE  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MASSARSKY, MARJORIE  
Address: 4175 EAST BAY DRIVE, SUITE 350  
City-St-Zip: CLEARWATER, FL 33764

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: KATHY CONROY

D/C

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date