

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047168

DOCUMENT # 758154

1. Entity Name

MARY FAUST CHILD CARE RESOURCE LIBRARY, INC.



FILED

03 MAR 26 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 51-0173619

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HUTCHESON, ELAINE  
26810 U.S. HIGHWAY 19 NPRTH  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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 DT  
NAME HUTCHESON, ELAINE  
STREET ADDRESS 26810 U.S. HIGHWAY 19 N  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE DC  
NAME CONROY, KATHY  
STREET ADDRESS 26810 US HWY. 19 N.  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE DS  
NAME CLAIRE YOGMAN  
STREET ADDRESS 26810 U.S. HIGHWAY 19 N  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE D  
NAME WIGLUND, KATHY  
STREET ADDRESS 26810 U.S. HIGHWAY 19 N  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400015172224  
04/02/03--01043--008 \*\*61.25

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/19/03

727 669-7907

CR2E037 (10/02)