

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003845

FILED
Jan 11, 2007
Secretary of State

Entity Name: COMMUNITY CHILD CARE CENTER OF DELRAY BEACH FOUNDATION, INC.

Current Principal Place of Business:

555 N.W. 4TH STREET
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

555 N.W. 4TH STREET
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-1023099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEIBEL, STEPHANIE
555 NW 4TH STREET
COMMUNITY CHILD CARE CENTER FOUNDATION
DELRAY BEACH, FL 33444 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: S/D () Delete
Name: BENNETT, ANN
Address: 2522 AVENUE AU SOLEIL
City-St-Zip: DELRAY BEACH, FL 33483

Title: V/D () Delete
Name: MURPHY, THOMAS
Address: 980 NORTH FEDERAL HWY STE 410
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HENNINGER, DAVID
Address: 602 SUNSHINE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: JACOBUS, GEORGE
Address: 2999 NORTH OCEAN BLVD.
City-St-Zip: GULF STREAM, FL 33483

Title: D () Delete
Name: TOUHEY, NANCY
Address: 1200 NORTH OCEAN BLVD.
City-St-Zip: GULF STREAM, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: THOMAS MURPHY

V/D

01/11/2007

Electronic Signature of Signing Officer or Director

Date