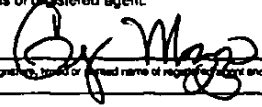


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-18-2005 90045 026 ****61.25

DOCUMENT # N01000002419					
1. Entity Name CHILD CARE RESOURCES PROPERTY OWNERSHIP, INC.					
Principal Place of Business 515 N. MAIN ST GAINESVILLE, FL 32601			Mailing Address 515 N. MAIN ST GAINESVILLE, FL 32601		
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 59-3727023	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REARDON, STEVEN E 515 N. MAIN ST GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent Name: George Mazzeo Street Address (P.O. Box Number is Not Acceptable): 515 N MAIN ST City: GAINESVILLE FL Zip Code: 32601	
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: 				DATE: 1-31-05	
Filing Fee is \$81.25 Due by May 1, 2005				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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WHITE, SUSAN O		NAME		
STREET ADDRESS	9106 SE 225TH DR		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	BUTLER, ALVIN B		NAME		
STREET ADDRESS	1204 NW 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	PARRISH, MARGARET A		NAME	A. TODD ROBERTSON	
STREET ADDRESS	1633 NE 18TH PL		STREET ADDRESS	9702 SW 35 LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, JAMES N		NAME		
STREET ADDRESS	PO BOX 390 1/0 BOX 3		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32602		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	PHILLIP, GERMAINE J		NAME	Melba Rogers	
STREET ADDRESS	4401 NW 19TH AVE		STREET ADDRESS	4713 NW 30 AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE: 1-31-05 352.334.1550	
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Susan O. White, President 