2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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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	Mailing Address
515 N. MAIN ST GAINESVILLE, FL 32601	515 N. MAIN ST GAINESVILLE, FL 32601

01312005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
REARDON, STEVEN E 515 N. MAIN ST GAINESVILLE, FL 32601	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: [signature] 1-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITE, SUSAN O 9106 SE 225TH DR HAWTHORNE, FL 32640	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUTLER, ALVIN B 1204 NW 13TH ST GAINESVILLE, FL 32601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARRISH, MARGARET A 1633 NE 18TH PL GAINESVILLE, FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD A. TODD Robertson 9702 SW 35 LANE GAINESville FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, JAMES N PO BOX 390 1/0 BOX 3 GAINESVILLE, FL 32602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHILLIP, GERMAINE J 4401 NW 19TH AVE GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Melba Rogers 4713 NW 30 Ave GAINESville FL 32609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: ~~George Mazzeo~~ / [signature] 1-31-05 352.334.1550
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

Susan O. White, President [signature]