

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008014

FILED
May 01, 2004
Secretary of State**Entity Name:** THE CHARLOTTE ASSOCIATION OF CHILD CARE PROFESSIONALS, INC.**Current Principal Place of Business:**P. O. BOX 496282
PORT CHARLOTTE, FL 339496282**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 496282
PORT CHARLOTTE, FL 339496282**New Mailing Address:****FEI Number:** 65-1088068**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOWE, CAROLYN
2446 MALAYA CT.
PUNTA GORDA, FL 33983**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: GOMEZ, DIANA
Address: 23072 MINERAL AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: P () Delete
Name: LOWE, CAROLYN
Address: 2446 MALAYA CT.
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: JONES, SHERYL
Address: 1185 BELMAR AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: MAROTTE, GLORIA J
Address: 20527 TAPPANZEE DR.
City-St-Zip: PUNTA GORDA, FL 33952

Title: SD () Delete
Name: GREGOIRE, TINA RAE
Address: 4487 ALADDIN AVE.
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: SMITH, FRANCINE
Address: 16146 QUICHE CT.
City-St-Zip: PUNTA GORDA, FL 33955

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: SD (X) Change () Addition
Name: SUNNARBORG, TARA
Address: 2230 HARRIET ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

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 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 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: CAROLYN LOWE

P

05/01/2004

Electronic Signature of Signing Officer or Director

Date