

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008014

FILED  
May 14, 2007  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GOMEZ, DIANA  
20527 TAPPANZEE DR  
PORT CHARLOTTE, FL 33952      US

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: ULLAH, BIBI  
Address: 26039 LEYTE COURT  
City-St-Zip: PUNTA GORDA, FL 33983

Title: P      ( ) Delete  
Name: GOMEZ, DIANA  
Address: 20527 TAPPANZEE  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: PORT CHARLOTTE, FL 33952

Title: SD      ( ) Delete  
Name: STARKE, PATRICIA  
Address: 273 BAHIA BLANCA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D      ( ) Delete  
Name: SHEPARD, KAREN  
Address: 1322 CAPRICORN BLVD  
City-St-Zip: PUNTA GORDA, FL 33983

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: KAREN EC SHEPARD

D

05/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date