

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008014

FILED
Apr 28, 2009
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:

GOMEZ, DIANA
20527 TAPPANZEE DR
PORT CHARLOTTE, FL 33952 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: 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
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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 E SHEPARD

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date