

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90051 021 ****70.00

DOCUMENT # NO1000008014

1. Entity Name

THE CHARLOTTE ASSOCIATION OF CHILD CARE PROFESSIONALS, INC.



Principal Place of Business

P. O. BOX 496282

PORT CHARLOTTE FL 33949-6282

Mailing Address

P. O. BOX 496282

PORT CHARLOTTE FL 33949-6282

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 **65-1088068**

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

~~GOMEZ, DIANA~~
~~23117 MADELYN AVE.~~
~~PORT CHARLOTTE FL 33945~~

Name **Carolyn Lowe**
Street Address (P.O. Box Number is Not Acceptable) **2446 Malaya Ct.**
City **Punta Gorda** FL Zip Code **33983**

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 *Carolyn Lowe*
Signature, typed or printed name of registered agent and title if applicable.

Carolyn Lowe

(NOTE: Registered Agent signature required when reinstating)

9-4-03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input type="checkbox"/> Delete
NAME	GOMEZ, DIANA	
STREET ADDRESS	23117 MADELYN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, CAROLYN	
STREET ADDRESS	2446 MALAYA CT.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKBANK, ANNA	
STREET ADDRESS	9241 SWEDEN BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAROTTE, GLORIA J	
STREET ADDRESS	20527 TAPPANZEE DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREGOIRE, TINA RAE	
STREET ADDRESS	4487 ALADDIN AVE.	
CITY-ST-ZIP	N. PORT FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMROG, SUZI	
STREET ADDRESS	878 CORDELE AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana	
STREET ADDRESS	2307A Mineral Ave.	
CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry Jones	
STREET ADDRESS	1185 Belmar Ave.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	North Port, FL 34287	
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francine Smith	
STREET ADDRESS	16146 Quiche Ct.	
CITY-ST-ZIP	Punta Gorda, FL 33955	

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: *Tina Rae Gregoire* *9-4-03 (941) 255-8555*

CR2E037 (4/03)

Attachment

~~Add~~

~~80146736
#N01000008014~~

Director
Suzanne Hilton
17064 Clingman Ave.
Port Charlotte, FL 33954