


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008204 1. Entry Name COORDINATED CHILD CARE PROPERTIES, INC.	
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Principal Place of Business 6698 68TH AVE. N., SUITE B PINELLAS PARK, FL 33781-5015	Mailing Address 6698 68TH AVE. N., SUITE B PINELLAS PARK, FL 33781-5015
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01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1070994	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOLEY, GUY M
6698 68TH AVE. N., SUITE B
PINELLAS PARK, FL 33781-5015

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11110071460764
03/20/06-80023-022 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEMAN, LORETTA 490 1 AVE. SO. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLIGAN, JANE S 4900 MEMORIAL HWY (FS3/1) TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, SUSAN 150 2ND AVE. N., SUITE 1100 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEVERLY, CATHY 201 OVERLOOK DR. NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORSBERG, SUE A 6727 RANGER DR. TAMPA, FL 336152530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VITUCCI, JUDI 801 6 ST S ST. PETERSBURG, FL 33701

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Guy M. Cooley Executive Director 3/2/06 727-547-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #