# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000008204

1. Entity Name
COORDINATED CHILD CARE PROPERTIES, INC.

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

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

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

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

100000140764
03/20/06-80023-022 70.00

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE 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:** G. M. Cooley Executive Director 3/2/06 727-547-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #