

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90073 039 ****70.00

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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**

40038036



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
33-1070994

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RIEMAN, LORETTA
490 1 AVE. SO.
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Vitucci, Judi
2735 Whitney Road, Clearwater FL
33760** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MULLIGAN, JANE S
4900 MEMORIAL HWY (FS3/1)
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Mulligan, Jane S.
4900 Memorial Highway
Tampa, FL 33634** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARLSON, SUSAN
150 2ND AVE. N., SUITE 1100
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Korsberg, Sue A.
P O Box 31020
St Petersburg, FL 33731-8920** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HEVERLY, CATHY
201 OVERLOOK DR. NE
ST. PETERSBURG, FL 33703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KORSBERG, SUE A
6727 RANGER DR.
TAMPA, FL 336152530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Harris, Claretha
400 Cleveland St 5th Floor
Clearwater, FL 33755** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VITUCCI, JUDI
801 6 ST S
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Karvonen, Marjorie
7360 14th St NE
St Petersburg, FL 33702** ☒ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy M. Cooley, Executive Dir. March , 2007

Date **727-547-5306** Phone #