


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 25, 2008 08:00 AM  
Secretary of State**

DOCUMENT # N03000008204 1. Entity 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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DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000869827  
04/09/08-80066-004 70:00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITUCCI, JUDI 2735 WHITNEY RD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLIGAN, JANE S 4900 MEMORIAL HWY (FS3/1) TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORSBERY, SUE A PO BOX 31020 SAINT PETERSBURG, FL 33731
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 HARRIS, CLARETHA 400 CLEVELAND ST 5TH FLOOR CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARVONEN, MARJORIE 7360 14TH ST NE SAINT PETERSBURG, FL 33702

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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 Guy M. Cooley 3/18/08 727-547-5706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #