

**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.**



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**



03182008 No Chg-NP

CR2E037 (4/06)

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000869827

04/03/08-80066-004 70:00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	VITUCCI, JUDI
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	V
NAME	MULLIGAN, JANE S
STREET ADDRESS	4900 MEMORIAL HWY (FS3/1)
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	S
NAME	KORSBERY, SUE A
STREET ADDRESS	PO BOX 31020
CITY-ST-ZIP	SAINT PETERSBURG, FL 33731
TITLE	D
NAME	HEVERLY, CATHY
STREET ADDRESS	201 OVERLOOK DR. NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	D
NAME	HARRIS, CLARETHA
STREET ADDRESS	400 CLEVELAND ST 5TH FLOOR
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	D
NAME	KARVONEN, MARJORIE
STREET ADDRESS	7360 14TH ST NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702

**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:**

*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 #