


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

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000010119</b>		
1. Entity Name <b>THE CHILDCARE PROVIDER ASSOCIATION OF THE FABULOUS FLORIDA KEYS, INC.</b>		
Principal Place of Business <b>222 ANTIGUA DRIVE TAVERNIER, FL 33070 US</b>	Mailing Address <b>P.O. BOX 2512 KEY LARGO, FL 33037 US</b>	



04222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2168988</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	

**6. Name and Address of Current Registered Agent**

**BENNETT, SUE ELLEN  
222 ANTIGUA DRIVE  
TAVERNIER, FL 33070**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>BENNETT, SUE ELLEN 222 ANTIGUA DRIVE TAVERNIER, FL 33070</b>
TITLE <b>V</b>	<b>MORGAN, MICHELE 1304 TRUMAN AVENUE KEY WEST, FL 33040</b>
TITLE <b>S</b>	<b>RUIZ, CRISTINA 5 TRANSYLVANIA AVENUE KEY LARGO, FL 33037</b>
TITLE <b>T</b>	<b>STEINMETZ, KELLEY 1045 VALENCIA ROAD KEY LARGO, FL 33037</b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>

U00000920831  
05/14/08-80060-009 70.00

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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:** Sue Ellen Bennett Sue Ellen Bennett 4/21/08 305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
852-2161