

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010119

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE CHILDCARE PROVIDER ASSOCIATION OF THE FABULOUS FLORIDA KEYS, INC.

Current Principal Place of Business:

222 ANTIGUA DRIVE
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2512
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 41-2168988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENNETT, SUE ELLEN
Address: 222 ANTIGUA DRIVE
City-St-Zip: TAVERNIER, FL 33070 US

Title: V () Delete
Name: MORGAN, MICHELE
Address: 1304 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040 US

Title: S (X) Delete
Name: RUIZ, CRISTINA
Address: 5 TRANSLYVANIA AVENUE
City-St-Zip: KEY LARGO, FL 33037 US

Title: T () Delete
Name: STEINMETZ, KELLEY
Address: 1045 VALENCIA ROAD
City-St-Zip: KEY LARGO, FL 33037 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE ELLEN BENNETT

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date