

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011330

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE ASSOCIATION FOR CHILD CARE PROFESSIONALS INC.

Current Principal Place of Business:

3679 WHISPERWOOD CIRCLE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 60326
PALM BAY, FL 329060326

New Mailing Address:

FEI Number: 36-4622094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENUTI, LOUIS
2440 SAVANNAH BOULEVARD
TITUSVILLE, FL 32780 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: O () Delete
Name: BROMS, MARK
Address: 3679 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: O () Delete
Name: HEINLY, KAREN
Address: 410 KOUTNIK ROAD
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK BROMS

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date