

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002158

FILED
Mar 12, 2009
Secretary of State

Entity Name: FOUNDATION FOR QUALITY CHILD CARE, INC.

Current Principal Place of Business:

4315 METRO PARKWAY
SUITE 400
FORT MYERS, FL 33916

New Principal Place of Business:

8359 BEACON BLVD.
SUITE 410
FORT MYERS, FL 33907

Current Mailing Address:

4315 METRO PARKWAY
SUITE 400
FORT MYERS, FL 33916

New Mailing Address:

8359 BEACON BLVD.
SUITE 410
FORT MYERS, FL 33907

FEI Number: 26-2333001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34102 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: PD () Delete
Name: ROBINSON, WILLIAM A
Address: PMB 206, POST OFFICE BOX 413005
City-St-Zip: NAPLES, FL 341013005

Title: TD () Delete
Name: MEERPOHL, JAMES
Address: POST OFFICE BOX 111689
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: KORZEC, DALE
Address: 4949 N. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: PINHEIRO, DAVID
Address: 304 NW 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MEERPOHL, JAMES
Address: POST OFFICE BOX 111689
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change () Addition
Name: KORZEC, DALE
Address: 4450 BONITA BEACH RD.
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: TD () Change (X) Addition
Name: CATHERINE, PALMISANO
Address: 1470 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Change (X) Addition
Name: PAULA, KELLEY
Address: POST OFFICE BOX 2485
City-St-Zip: BONITA SPRINGS, FL 341332485

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: WILLIAM A. ROBINSON

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date