

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002158

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** FOUNDATION FOR QUALITY CHILD CARE, INC.

**Current Principal Place of Business:**

8359 BEACON BLVD.  
SUITE 410  
FORT MYERS, FL 33907

**New Principal Place of Business:**

8359 BEACON BLVD.  
SUITE 412  
FORT MYERS, FL 33907

**Current Mailing Address:**

8359 BEACON BLVD.  
SUITE 410  
FORT MYERS, FL 33907

**New Mailing Address:**

8359 BEACON BLVD.  
SUITE 412  
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:**

GINIAT, IRENE C ED  
8359 BEACON BLVD.  
412  
FORT MYERS, FL 33907 US

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: IRENE C. GINIAT

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MEERPOHL, JAMES  
Address: POST OFFICE BOX 111689  
City-St-Zip: NAPLES, FL 34108

Title: VPD  
Name: GRIFFIN, DANIEL  
Address: 14021 METROPOLIS AVE.  
City-St-Zip: FORT MYERS, FL 33912

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

Title: D  
Name: ROBINSON, WILLIAM A  
Address: PMB 206, POST OFFICE BOX 413005  
City-St-Zip: NAPLES, FL 341013005

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

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

I hereby 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 all other like empowered.

SIGNATURE: IRENE C. GINIAT

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date