NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Modiam,
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N33055

(7)

CHILD CARE RESOURCE & REFERRAL, INC.

Principal Place	of Business	Mailing Address				4 TORINYEN DOD TITION VILLI BOLDI DIBUR OTTI OLEKE DIDIN BLOKE DIBUR DIBUR 1801		
551 SE 8TH	STREET	551 SE 8TH STREET						
SUITE 300		SUITE 300						
DELRAY BEACH FL 33483 US		DELRAY BEACH FL 33483 US				3. Date Incorporated or Qualified	3a. Date of Last	Report
03		03				06/29/1989	05/01/1	995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number]	Applied For
21		26				65-0128225		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State		City & State			·	C. Sharkar Council of Sanata		Required
23		28				Election Campaign Financing Trust Fund Contribution	1 1	O May Be d to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation has liability for int		
24	25	29	30				Yes 🗶 No	
*	9. Name and Address of Curren	Registered Agent		L,		10. Name and Address of New Reg	gistered Agent	
l				81	Name			
· TIRPAK,	K. LEE		<u> </u>		Street Ada	iress (P.O. Box Number is Not Acceptable	1	
	8TH STREET							
-	98° 300			83				
¹ DELRAY	BEACH FL 33483			84	City	.	85 Zip	Code
11 Durewant t	a the provisions of Sections 617 0503	and 617 1509. Florida Statuto	the abo	L. I	amort coroo	ration submits this statement for the purpo	FL 5 2	valatorad affica
or register	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	 a. Such change was authorize 	d by the d	corpx	oration's boa	and of directors. Thereby accept the appoin	ntment as registered	agent. I am
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	È Registered	 LAgen	it signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD	X DELETE	1.1 Ti	TLE	P	D	Change	★ Addition
NAME	BRONSTEIN, ROBIN (ALLSTA'		1.2 N	AMÉ	J	OSEPH MURPHY		
STREET ADDRESS	621 NW 53RD ST STE. 700		1.3 S	TREET	I	00 N. FEDERAL HWY. STI		
CITY-ST-2IP	BOCA RATON FL					OCA RATON, FLORIDA 3		N
TITLE	FVP	X] DELETE	217			P D	Change	🚺 Addition
NAME	HARGROVE, TERRY (TARGET		2.2 N		R	obert Van Savage		
STREET ADDRESS	1901 S CONGRESS AVENUE,	SUITE 110			ADDRESS Z	1627 State Road 7 oca Raton, FL 33428	•	
CITY-ST-ZIP TITLE	BYNTON BEACH FL	₩ DELETE	2 4 0 3.1 Ti				X) Change	J. ■ Addition
NAME {	SVPD Testa, Joseph (Testa I	KINCELE	3.1 H		S		(V) cuanda	Addition Addition
STREET ADDRESS	420 SE FIFTH TERRACE		- E			ARK MENDEL		
CITY-ST-ZIP	POMPANO BEACH FL					490 GATEWAY BLVD.	22/26	
TITLE	SD SD	₽ DELETE	4.1 TI		T[OYNTON_BEACH,_FLORIDA_	Change	Addition .
NAME	TAVOLETTI, LORI (BARNETT	Λ	4.21	IAME	* L	LLIOT BELLEN		
STREET ADDRESS	11601 OKEECHOBEE BOULE	/ARD	4.3 S	TREET	ADDDCCC	· • • · · · · · · · · · · · · · · · · ·	TE . 200	
CITY-ST-ZIP	ROYAL PALM BEACH FL		4.4 C	(TY - S	T-ZIP BC	200 N.MILITARY TRAIL S DCA RATON, FLORIDA 33	431	
TITLE	T	∑ DELETE	5.1 TI	TLE			Change	Addition
NAME	ANDREWS, DIANE (SMITH B	SHEARSO	5.2 N	AME				
STREET ADDRESS	7777 GLADES ROAD/4TH FLO		5.3 S	TREET	ADDRESS	6000017 6 -04/02/360100	55 <u>1</u> 6	
CITY-ST-ZIP	BOCA RATON FL		5.4 0	TY-S	T- ZIP	***61.25		
TITLE		DELETE	6.1 T			**************************************	Change	Addition
NAME			6.2 N				W	M. 1-96
STREET ADDRESS					ADDRESS		11.	1.01/2
CITY_ST_7IP			640	114.5	T. 7/P		~	1 10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 it changed around any attachment with an address.

SIGNATURE:

YDUGU M. MUUGUY ATURE AND TYPED OR PRINTED NAME OF SIGNIYO OPPICER OR DIRECTOR 15/96 407-265-2423

CR2E037 (12/95