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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33055** (7)

1. Corporation Name

CHILD CARE RESOURCE & REFERRAL, INC.

Principal Place of Business	Mailing Address
551 SE 8TH STREET SUITE 300 DELRAY BEACH FL 33483 US	551 SE 8TH STREET SUITE 300 DELRAY BEACH FL 33483 US

3. Date Incorporated or Qualified

06/29/1989

4. FEI Number

65-0128225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIRPAK, K. LEE
551 S.E. 8TH STREET
SUITE 300
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/18/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DRB	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JOSEPH	
STREET ADDRESS	900 N. FEDERAL HWY. STE. 480	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	VAN SAVAGE, ROBERT	
STREET ADDRESS	21627 STATE RD. 7	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	MENDEL, MARK	
STREET ADDRESS	1490 GATEWAY BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELLEN, ELLIOT	
STREET ADDRESS	3200 N. MILITARY TRAIL STE. 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Rich Pollack	
STREET ADDRESS	200 East Las Olas Boulevard	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Diane Andrews	
STREET ADDRESS	1200 N. Federal Highway, Suite 300	
CITY-ST-ZIP	Boca Raton, FL 33432	

1.1 TITLE	Board Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURPHY, JOSEPH	
1.3 STREET ADDRESS	900 N. FEDERAL HIGHWAY, STE. 480	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAN SAVAGE, ROBERT	
2.3 STREET ADDRESS	21627 STATE ROAD 7	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MENDEL, MARK	
3.3 STREET ADDRESS	1490 GATEWAY BOULEVARD	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BELLEN, ELLIOT	
4.3 STREET ADDRESS	640 MARINE DRIVE	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
5.1 TITLE	Rich Pollack	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	200 E. Las Olas Blvd.	
5.3 STREET ADDRESS	Ft. Lauderdale, FL	
5.4 CITY-ST-ZIP	33301	
6.1 TITLE	ANDREWS, DIANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1200 N. FEDERAL HIGHWAY, STE. 300	
6.3 STREET ADDRESS	BOCA RATON, FL 33432	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT VAN SAVAGE, PRESIDENT** 02/20/98 561/734-3388

CR2E037 (1097)