2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N46988

Entity Name: PALM BEACH COUNTY CHILD CARE DIRECTOR'S ASSOCIATION, INC.

Current Principal Place of Business:

1945 EMILIO LN
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1945 EMILIO LN
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0360754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEREICUA, JOSE L
1945 EMILIA LN
WEST PALM BEACH, FL 33406 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:	SD	( ) Delete
Name:	PITTS, CAROLINE	
Address:	2890 S MILITARY TRAIL	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	PD	( ) Delete
Name:	MOLTER, MARTA	
Address:	700 CAMELLIA DR	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	TD	( ) Delete
Name:	BEREICUA, JOSE L	
Address:	624 JACKSON AVE	
City-St-Zip:	GREENACRES, FL 33463	
Title:	D	( ) Delete
Name:	REES, RON	
Address:	2890 S MILITARY TRAIL	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	D	( ) Delete
Name:	JENKINS, BONNIE	
Address:	19805 HAMPTON DR.	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	D	( ) Delete
Name:	ELLIS, TERRY	
Address:	5047 SUMMIT BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33415	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSE L. BEREICUA A 01/28/2009

Electronic Signature of Signing Officer or Director — Date