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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003505**

1. Corporation Name
COMMUNITY CHILD CARE RESOURCES, INC.

527516 - 90034 - 34

Principal Place of Business	Mailing Address
2207 18TH AVE SUITE 200 VERO BEACH FL 32960 US	P O BOX 3451 SUITE 200 VERO BEACH FL 32964 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/15/1994
22 Suite, Apt. #, etc. 2207 18th Ave	27 Suite, Apt. #, etc. P.O. Box 3451	4. FEI Number 65-0523165 ☐ Applied For ☐ Not Applicable
23 City & State Vero Beach F	28 City & State Vero Beach Fl.	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
24 Zip 32960 25 Country US	29 Zip 32964 30 Country US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PATTEN, BARBARA J
2207 18TH AVE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name Same
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	DEAL, SUSAN BLAXILL		1.2 NAME	DEAL, Susan Blaxill	
STREET ADDRESS	2721 WHIPPORWILL LANE		1.3 STREET ADDRESS	2721 Whipporwill Lane	
CITY-ST-ZIP	VERO BEACH FL 32960		1.4 CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DT	☑ DELETE	2.1 TITLE	DV	☐ Change ☑ Addition
NAME	HOOVER, JANIE GRAVES		2.2 NAME	Anthony Donadio	
STREET ADDRESS	4400 ROSEWOOD RD		2.3 STREET ADDRESS	P.O. Box 7072	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	Vero Beach, Fl	
TITLE	DP	☑ DELETE	3.1 TITLE	DT	☐ Change ☑ Addition
NAME	FENNELL, TODD		3.2 NAME	Keith Kite	
STREET ADDRESS	979 BEACHLAND BLVD		3.3 STREET ADDRESS	1045 Winding River Rd	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Vero Beach, Fl	
TITLE	DS	☐ DELETE	4.1 TITLE	DS	☐ Change ☐ Addition
NAME	HILL, KATE		4.2 NAME	Hill, Kate	(same)
STREET ADDRESS	2205 14TH AVENUE		4.3 STREET ADDRESS	2205 14th Ave.	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	Vero Beach, Fl	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Patten SIGNATURE REQUIRED — 5/4/99 — 561-567-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #