

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90053 011 ****61.25

DOCUMENT # N94000003505

1. Entity Name
COMMUNITY CHILD CARE RESOURCES, INC.



Principal Place of Business
**1801 24TH STREET
VERO BEACH, FL 32960 US**

Mailing Address
**1801 24TH STREET
VERO BEACH, FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0523165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALTERS, ABIGAIL -
1801 24TH STREET
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name **PAMELA C. KING**
Street Address (P.O. Box Number is Not Acceptable)
1801 24th Street
City **VERO BEACH** FL Zip Code **32960**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pamela C. King

PAMELA C. KING

4/19/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing agent)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	FALLS, MICHELE	
STREET ADDRESS	1801 24TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	DV	☐ Delete
NAME	KAHLE, LISA	
STREET ADDRESS	1801 24TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	SD	☒ Delete
NAME	BERTOLLETTE, SUE	
STREET ADDRESS	1801 24TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	TD	☐ Delete
NAME	MCCAIN, MATT	
STREET ADDRESS	1801 24TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	TOM YONGE	
STREET ADDRESS	1801 24th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	LISA KAHLE	
STREET ADDRESS	1801 24th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ANDREW J HARTLINE	
STREET ADDRESS	1801 24th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	EXECUTIVE DIRECTOR	☐ Change ☒ Addition
NAME	PAMELA C. KING	
STREET ADDRESS	1801 24th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	PRESIDENT-ELECT	☐ Change ☒ Addition
NAME	KATHY MARSHALL	
STREET ADDRESS	1801 24th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa M. Kahle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA M. KAHLE

4/19/05

Date

772-567-3202

Daytime Phone