

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 02, 2010
Secretary of State

DOCUMENT# N94000003505

Entity Name: CHILDCARE RESOURCES OF INDIAN RIVER, INC.**Current Principal Place of Business:**1801 24TH STREET
VERO BEACH, FL 32960 US**New Principal Place of Business:****Current Mailing Address:**1801 24TH STREET
VERO BEACH, FL 32960 US**New Mailing Address:****FEI Number:** 65-0523165**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KING, PAMELA C.
1801 24TH STREET
VERO BEACH, FL 32960 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: P
Name: GRALL, ERIN
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: VP
Name: LINCOLN, WANDA
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S
Name: RAINONE, TRUDIE
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: TD
Name: REISINGER, DAVID
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: ED
Name: KING, PAMELA C.
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: PE
Name: DOGGETT, STANLEY
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: PAM KING

ED

06/02/2010

Electronic Signature of Signing Officer or Director

Date