2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# N95000003058

Entity Name: UNLIMITED CHILD CARE PROVIDERS AND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

10920 BRIGHTSIDE DRIVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

10920 BRIGHTSIDE DRIVE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 65-0616176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, ANN
10920 BRIGHTSIDE DRIVE
TAMPA, FL 33624 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:	VPD	( ) Delete
Name:	RENTZ, JAMES,	
Address:	1779 LANDMARK CIRCLE APT. A	
City-St-Zip:	TAMPA, FL 33615	
Title:	VPD	( ) Delete
Name:	TURNER, CORA,	
Address:	2216 EAST 23RD AVENUE	
City-St-Zip:	TAMPA, FL 33610	
Title:	P	( ) Delete
Name:	BROWN, ANNE L.,	
Address:	10920 BRIGHTSIDE DR.	
City-St-Zip:	TAMPA, FL 33624	
Title:	TD	( ) Delete
Name:	BROWN, SIDNEY.,	
Address:	10302 NIXON ROAD	
City-St-Zip:	TAMPA, FL 33624	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNE L. BROWN P 01/20/2005

Electronic Signature of Signing Officer or Director — Date