

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000003058

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



FILED

07 APR 11 PM 4:14

DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10920 BRIGHTSIDE DRIVE
TAMPA FL 33624

Mailing Address
10920 BRIGHTSIDE DRIVE
TAMPA FL 33624

2. Principal Place of Business
3209 N. 45th St.
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State
Tampa FL

Zip
33605

Country
USA

4. FEI Number
65-0616176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, ANNE L.
10920 BRIGHTSIDE DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent
Name: Sandra Reed
Street Address (P.O. Box Number is Not Acceptable):
3209 N. 45th St.
City: Tampa FL Zip Code: 33605

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: Sandra Reed DATE: 4/3/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	☒ Delete		TITLE	President	☒ Change	☐ Addition
NAME	RENTZ, JAMES			NAME	Sandra Reed		
STREET ADDRESS	1779 LANDMARK CIRCLE APT. A			STREET ADDRESS	3209 N. 45th St.		
CITY-ST-ZIP	TAMPA FL 33615			CITY-ST-ZIP	Tampa, FL 33605		
TITLE	VPD	☒ Delete		TITLE	Vice President	☒ Change	☐ Addition
NAME	TURNER, CORA			NAME	Lena Regis		
STREET ADDRESS	2216 EAST 23RD AVENUE			STREET ADDRESS	1202 Windermere Way		
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP	Tampa FL 33619		
TITLE	P	☒ Delete		TITLE	Secretary	☒ Change	☐ Addition
NAME	BROWN, ANNE L.			NAME	Iris Nelson		
STREET ADDRESS	10920 BRIGHTSIDE DR.			STREET ADDRESS	2605 E. 33rd Ave.		
CITY-ST-ZIP	TAMPA FL 33624			CITY-ST-ZIP	Tampa, FL 33610		
TITLE	TD	☒ Delete		TITLE	Treasurer	☒ Change	☐ Addition
NAME	BROWN, SIDNEY			NAME	Barbara Wells		
STREET ADDRESS	14001 CLAYRIDGE DR. 10302 Nixon Road			STREET ADDRESS	5818 Langston Dr.		
CITY-ST-ZIP	TAMPA FL 33624			CITY-ST-ZIP	Tampa, FL 33619		
TITLE		☐ Delete		TITLE	TD	☒ Change	☐ Addition
NAME				NAME	Maureen Alexis		
STREET ADDRESS				STREET ADDRESS	12305 N. Taliaferro Ave.		
CITY-ST-ZIP				CITY-ST-ZIP	Tampa, FL 33612		
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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04/23/07--01022--014 **61.25

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: Anne L. Brown 1/31/07 813-963-7765