

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003058

FILED  
Apr 09, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3209 N 45TH ST.  
TAMPA, FL 33605

**New Principal Place of Business:**

1202 WINDERMERE WAY  
TAMPA, FL 33619

**Current Mailing Address:**

3209 N 45TH ST.  
TAMPA, FL 33605

**New Mailing Address:**

1202 WINDERMERE WAY  
TAMPA, FL 33619

**FEI Number:** 65-0616176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REED, SANDRA  
3209 N 45TH ST  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

REGIS, LENA  
1202 WINDERMERE WAY  
TAMPA, FL 33619 US

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: LENA L. REGIS

04/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REED, SANDRA  
Address: 3209 N 45TH ST.  
City-St-Zip: TAMPA, FL 33605

Title: V ( ) Delete  
Name: REGIS, LENA  
Address: 1202 WINDERMERE WAY  
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete  
Name: NELSON, IRIS  
Address: 2605 E 33RD AVE  
City-St-Zip: TAMPA, FL 33610

Title: T ( ) Delete  
Name: WELLS, BARBARA  
Address: 5818 LANGSTON DR  
City-St-Zip: TAMPA, FL 33619

Title: TD ( ) Delete  
Name: ALEXIS, MAUREEN  
Address: 12305 N TALIAFERRO AVE  
City-St-Zip: TAMPA, FL 33612

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: REGIS, LENA L  
Address: 1202 WINDERMERE WAY  
City-St-Zip: TAMPA, FL 33619

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: S ( ) Change (X) Addition  
Name: MOORE, RHONNETTA  
Address: 8601 N. 13TH ST.  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LENA L. REGIS

VP

04/09/2008

Electronic Signature of Signing Officer or Director

Date