

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003505

Entity Name: CHILDCARE RESOURCES OF INDIAN RIVER, INC.**Current Principal Place of Business:**2300 5TH AVE
SUITE 149
VERO BEACH, FL 32960**Current Mailing Address:**2300 5TH AVE
SUITE 149
VERO BEACH, FL 32960 US**FEI Number:** 65-0523165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGUIRE BOWMAN, SHANNON
2300 5TH AVENUE
SUITE 149
VERO BEACH, FL 32960 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:** SHANNON MCGUIRE BOWMAN

04/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WILLIAMS, ANDY
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT, IMMEDIATE PAST
Name CAROLYN, VEENEMAN
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name SPOONER, KARLA
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name GIESSERT, RICHARD
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title ED
Name MCGUIRE BOWMAN, SHANNON
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT
Name BLOCK FAIRES, KATHRYN
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name NEWHOUSE, JUDY
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name HOPWOOD, NANCY
Address 2300 5TH AVE.
 SUITE 149
City-State-Zip: VERO BEACH FL 32960

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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: SHANNON MCGUIRE BOWMAN

EXECUTIVE DIRECTOR

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name BAREFOOT, PAM
Address 2300 5TH AVE.
SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name WADDELL, SHERRY
Address 2300 5TH AVE.
SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name DZIELSKI, ANTHONY
Address 2300 5TH AVE
SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name BUHL, CAROL
Address 2300 5TH AVE.
SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name BLAXILL-DEAL, SUSAN
Address 2300 5TH AVE
SUITE 149
City-State-Zip: VERO BEACH FL 32960

Title OFFICER
Name FURR, WILLIAM
Address 2300 5TH AVE
SUITE 149
City-State-Zip: VERO BEACH FL 32960