SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # **N26617** **(3)**

1. Corporation Name

THE FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMEN T, INC.

Principal Place of Business	Mailing Address
2301 E MICHIGAN STR ORLANDO FL 32806 US 1116 35th St. W. Bradenton, Fl. 34205	6225 HAZELTINE NT'L DR ORLANDO FL 32822 US 1116 35th St. W. Bradenton, Fl. 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1988
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0079688 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

~~CRONON, H G~~
~~6225 HAZELTINE NT'L DR~~
~~ORLANDO FL 32822~~
Terry L. Bowen
1116 35th St. West
Bradenton, Florida
34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Terry L. Bowen (Signature, typed or printed name of registered agent and title if applicable.) Terry L. Bowen Treasurer (NOTE: Registered Agent signature required when reinstating) DATE: 7/18/95

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, BONNIE		1.2 NAME		
STREET ADDRESS	1725 PENMAN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	VPD	2.1 TITLE		☑ Change ☐ Addition
NAME	FRANTZ, MARIE	JANE Bowen	2.2 NAME		
STREET ADDRESS	802 MAGNOLIA DR	1116 35th St. W.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	Bradenton, Fl. 34205	2.4 CITY-ST-ZIP		
TITLE	SD	SD	3.1 TITLE		☑ Change ☐ Addition
NAME	QUIMBY, LENORA	PAT BURNETTE	3.2 NAME		
STREET ADDRESS	2044 16TH ST	5814 8th Street	3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	Zephyrhills, FL. 33542	3.4 CITY-ST-ZIP		
TITLE	TD	TD	4.1 TITLE		☑ Change ☐ Addition
NAME	~~CRONON, H G~~	Terry L. Bowen	4.2 NAME		
STREET ADDRESS	~~J6225 HAZELTINE~~	1116 35 th Street W.	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~	Bradenton, Fl. 34205	4.4 CITY-ST-ZIP		
TITLE	DS	VPD	5.1 TITLE		☑ Change ☐ Addition
NAME	WALLSMITH, SUSAN	H. G. CRONON	5.2 NAME		
STREET ADDRESS	430 TOMOKA AVE	6225 Hazeltine Nat.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	ORLANDO, Fl. 32822	5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry L. Bowen Terry L. Bowen 7/18/95 1-800-322-2603
(SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0004859