FILE NOW: FILING FEE IS $61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N26617 (3)

1. Corporation Name

THE FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMEN T, INC.

Principal Place of Business	Mailing Address
% TOM MOORE 12160 FT. CAROLINE RD. JACKSONVILLE FL 32225 US	% TOM MOORE 12160 FT. CAROLINE RD. JACKSONVILLE FL 32225 US

3. Date Incorporated or Qualified: 05/27/1988

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLOW, RAY
~~702 S. LAKESIDE DR.~~
~~LAKE WORTH FL 33460~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1350 N. OCEAN BLVD.

83

84 City PALM BEACH FL 85 Zip Code 33480

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	SUTHOFF, DALE		1.2 NAME	RAY FLOW	
STREET ADDRESS	2700 ENTERPRISE RD.		1.3 STREET ADDRESS	1350 N. OCEAN BLVD	
CITY-ST-ZIP	ORANGE CITY FL 32763		1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOWEN, TERRY		2.2 NAME		
STREET ADDRESS	1116 35TH ST W		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205-3223		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, BONNIE		3.2 NAME		
STREET ADDRESS	11911 PINE FOREST DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRONIN, BUTCH		4.2 NAME		
STREET ADDRESS	6225 HAZELTINE NATIONAL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DICKINSON, PARNELL		5.2 NAME		
STREET ADDRESS	914 N. CASTLE CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SKINNER, DONNA		6.2 NAME		
STREET ADDRESS	1001 ROSELAND RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Ray Flow 2-12-98 516 352-9920