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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26617

1. Corporation Name

**THE FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMEN
T, INC.**

Principal Place of Business

% TOM MOORE
12160 FT. CAROLINE RD.
JACKSONVILLE FL 32225
US

Mailing Address

% TOM MOORE
12160 FT. CAROLINE RD.
JACKSONVILLE FL 32225
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FLOW, RAY
1350 N OCEAN BLVD
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	SUTHOFF, DALE	
STREET ADDRESS	2700 ENTERPRISE RD.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	☒ DELETE
NAME	BOWEN, TERRY	
STREET ADDRESS	1116 35TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205-3223	
TITLE	D	☐ DELETE
NAME	MARTIN, BONNIE	
STREET ADDRESS	11911 PINE FOREST DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	☐ DELETE
NAME	CRONIN, BUTCH	
STREET ADDRESS	6225 HAZELTINE NATIONAL	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	☐ DELETE
NAME	DICKINSON, PARNELL	
STREET ADDRESS	914 N. CASTLE CT.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	P	☐ DELETE
NAME	SKINNER, DONNA	
STREET ADDRESS	1001 ROSELAND RD.	
CITY-ST-ZIP	SEBASTIAN FL 32958	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Allen, Bonnie	
1.3 STREET ADDRESS	1725 Penman Rd	
1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	Ray Flow	
2.3 STREET ADDRESS	1350 N. Ocean Blvd	
2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Carol Moore	
3.3 STREET ADDRESS	7535 Ft. Caroline Rd	
3.4 CITY-ST-ZIP	Jacksonville, FL 32277	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Tom Moore	
4.3 STREET ADDRESS	12160 Ft. Caroline Rd	
4.4 CITY-ST-ZIP	Jacksonville, FL 32225	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Marie Nix	
5.3 STREET ADDRESS	9860 Pines Blvd	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Alan Petrie	
6.3 STREET ADDRESS	3416 Aloma Ave	
6.4 CITY-ST-ZIP	Winter Park, FL 32792	

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.23.99 (561) 357-9920

Date

Daytime Phone #

CR2E037 (1/198)