2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# N26617

Entity Name: THE FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0079688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, BONNIE
1725 PENMAN RD
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

WHITEHEAD, MIKE
12160 FT. CAROLINE RD
JACKSONVILLE, FL 32225 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: MIKE WHITEHEAD 03/31/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALLEN, BONNIE
Address: 1725 PERMAN ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: MOORE, CAROL
Address: 7535 FT CAROLINE ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: CRONIN, BUTCH
Address: 6225 HAZELTINE NATIONAL
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: DICKINSON, PARNELL
Address: 914 N. CASTLE CT.
City-St-Zip: TAMPA, FL 33612

Title: P ( ) Delete
Name: MOORE, TOM
Address: 7535 FT. CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WHITEHEAD, MIKE
Address: 12160 FT. CAROLINE
City-St-Zip: JACKSONVILLE, FL 32225

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: P (X) Change ( ) Addition
Name: MORRIS, DANNY
Address: 12160 FT. CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE WHITEHEAD TREA 03/31/2004
Electronic Signature of Signing Officer or Director Date