

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26617

FILED
May 06, 2004
Secretary of State**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:**5816 S. SEMORAN BLVD.
ORLANDO, FL 32822 US**Current Mailing Address:**% TOM MOORE
12160 FT. CAROLINE RD.
JACKSONVILLE, FL 32225 US**New Mailing Address:**5816 S. SEMORAN BLVD.
ORLANDO, FL 32822 US**FEI Number:** 65-0079688**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WHITEHEAD, MIKE
12160 FT. CAROLINE RD
JACKSONVILLE, FL 32225 US**Name and Address of New Registered Agent:**WHITEHEAD, MIKE TREASUR
5816 S. SEMORAN BLVD.
ORLANDO, FL 32822 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

05/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: WHITEHEAD, MIKE
Address: 12160 FT. CAROLINE
City-St-Zip: JACKSONVILLE, FL 32225Title: D () Delete
Name: MOORE, CAROL
Address: 7535 FT CAROLINE ROAD
City-St-Zip: JACKSONVILLE, FL 32277Title: D () Delete
Name: CRONIN, BUTCH
Address: 6225 HAZELTINE NATIONAL
City-St-Zip: ORLANDO, FL 32822Title: D () Delete
Name: DICKINSON, PARNELL
Address: 914 N. CASTLE CT.
City-St-Zip: TAMPA, FL 33612Title: P () Delete
Name: MORRIS, DANNY
Address: 12160 FT. CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32225Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: TREA (X) Change () Addition
Name: WHITEHEAD, MIKE
Address: 5816 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32822 USTitle: D (X) Change () Addition
Name: MOORE, CAROL
Address: 7535 FT CAROLINE ROAD
City-St-Zip: JACKSONVILLE, FL 32277 USTitle: D (X) Change () Addition
Name: CRONIN, BUTCH
Address: 6225 HAZELTINE NATIONAL
City-St-Zip: ORLANDO, FL 32822 USTitle: D (X) Change () Addition
Name: DICKINSON, PARNELL
Address: 914 N. CASTLE CT.
City-St-Zip: TAMPA, FL 33612 USTitle: PRES (X) Change () Addition
Name: MORRIS, DANNY
Address: 5816 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32822 USTitle: VP () Change (X) Addition
Name: GREGOIRE, TINA RAE
Address: 5816 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32822 US

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: DANNY MORRIS

PRES

05/06/2004

Electronic Signature of Signing Officer or Director

Date