2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N26617

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

Current Principal Place of Business:

5816 S. SEMORAN BLVD.
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

5816 S. SEMORAN BLVD.
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 65-0079688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITEHEAD, MIKE TREASUR
5816 S. SEMORAN BLVD.
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TREA	( ) Delete
Name:	WHITEHEAD, MIKE	
Address:	5816 S. SEMORAN BLVD.	
City-St-Zip:	ORLANDO, FL 32822 US	
Title:	D	( ) Delete
Name:	MOORE, CAROL	
Address:	7535 FT CAROLINE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32277 US	
Title:	D	( ) Delete
Name:	CRONIN, BUTCH	
Address:	6225 HAZELTINE NATIONAL	
City-St-Zip:	ORLANDO, FL 32822 US	
Title:	D	( ) Delete
Name:	DICKINSON, PARNELL	
Address:	914 N. CASTLE CT.	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	PRES	( ) Delete
Name:	MORRIS, DANNY	
Address:	5816 S. SEMORAN BLVD.	
City-St-Zip:	ORLANDO, FL 32822 US	
Title:	VP	( ) Delete
Name:	GREGOIRE, TINA RAE	
Address:	5816 S. SEMORAN BLVD.	
City-St-Zip:	ORLANDO, FL 32822 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 06/30/2005
Electronic Signature of Signing Officer or Director — Date