

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26617

FILED
Feb 16, 2010
Secretary of State

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

Current Principal Place of Business:

10060 AMBERWOOD ROAD
SUITE 3
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

10060 AMBERWOOD ROAD
SUITE 3
FORT MYERS, FL 33913 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:

ELLEN, BLAKE DIR.
10060 AMBERWOOD ROAD
SUITE 3
FORT MYERS, FL 33913 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: PRES
Name: WARFEL, DICK
Address: 995 CHICKADEE LANE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: VP
Name: WALLSMITH, HOLLY
Address: 10060 AMBERWOOD ROAD SUITE 3
City-St-Zip: FORT MYERS, FL 33913 US

Title: SEC
Name: MYRTHIL, MARSHAS
Address: 10060 AMBERWOOD ROAD SUITE 3
City-St-Zip: FORT MYERS, FL 33913 US

Title: TREA
Name: SUTHERIN, KATHRYN
Address: 10060 AMBERWOOD ROAD SUITE 3
City-St-Zip: FORT MYERS, FL 33913 US

Title: DIR
Name: CRONON, PAT
Address: 6225 HAZELTINE NATIONAL DRIVE
City-St-Zip: ORLANDO, FL, FL 32822 US

I hereby 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 all other like empowered.

SIGNATURE: ELLEN BLAKE

DIR

02/16/2010

Electronic Signature of Signing Officer or Director

Date