

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 15, 2010
Secretary of State

DOCUMENT# N26617

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: 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: OLDS, LISA
Address: 10060 AMBERWOOD ROAD SUITE 3
City-St-Zip: FORT MYERS, FL 33913 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

ADMI

09/15/2010

Electronic Signature of Signing Officer or Director_____
Date