


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 20 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001873 (9)
1. Corporation Name
FLORIDA FAMILY DAYCARE HOME ASSOCIATION, INC.

Principal Place of Business 600 S.W. 29TH AVENUE FT. LAUDERDALE FL 33312	Mailing Address P.O. BOX 7341 SARASOTA FL 34278 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1993	3a. Date of Last Report 08/12/1994
4. FEI Number 65-0392120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GILMORE, RICARDO L
334 HYDE PARK AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IVES, BRENDA L.
STREET ADDRESS	600 S.W. 29TH ST.
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	VPD
NAME	TINGIRIS, MARY
STREET ADDRESS	14112 EASTLAND LANE
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	MALONEY, MARILYN
STREET ADDRESS	1408 PALM BLVD.
CITY-ST-ZIP	NICEVILLE FL
TITLE	S
NAME	FOUNTAINE, JACKIE
STREET ADDRESS	738 SEARCY
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	SCOTT, MICHELE D.
STREET ADDRESS	13400 N. MIAMI AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	PR
NAME	CROSS, CHRIS
STREET ADDRESS	105 SANDALWOOD WAY
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary Cathy McCoy
3.3 STREET ADDRESS	Route 1 Box 335
3.4 CITY-ST-ZIP	San Mateo, FL 32187
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele D. Scott Michele D. Scott, Treas/Dir 4/15/95 (205) 681-4380
DATE: _____ DAY: _____