

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001873 (9)

1. Corporation Name

FLORIDA FAMILY DAYCARE HOME ASSOCIATION, INC.



Principal Place of Business

Mailing Address

600 S.W. 29TH AVENUE
FT. LAUDERDALE FL 33312

P.O. BOX 7341
SARASOTA FL 34278
US

3. Date Incorporated or Qualified
05/03/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0392120

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILMORE, RICARDO L
334 HYDE PARK AVENUE
TAMPA FL 33606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | IVES, BRENDA L. | |
| STREET ADDRESS | 600 S.W. 29TH ST. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | TINGIRIS, MARY | |
| STREET ADDRESS | 14112 EASTLAND LANE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MCCOY, CATHY | |
| STREET ADDRESS | ROUTE 1 BOX 355 | |
| CITY-ST-ZIP | SAN MATEO FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | FOUNTAIN, JACKIE | |
| STREET ADDRESS | 736 SEARCY | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SCOTT, MICHELE D. | |
| STREET ADDRESS | 13400 N. MIAMI AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | PR | <input type="checkbox"/> DELETE |
| NAME | CROSS, CHRIS | |
| STREET ADDRESS | 105 SANDALWOOD WAY | |
| CITY-ST-ZIP | LONGWOOD FL | |

| | |
|--------------------|--|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | VP-Membership |
| 4.3 STREET ADDRESS | Leslie Pesta |
| 4.4 CITY-ST-ZIP | 3405 South Shade Ave Sarasota, FL 34239 |
| 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 checked="" type="checkbox"/> Addition |
| 6.2 NAME | PR D |
| 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:

Michelle D. Scott, Treasurer *Michelle D. Scott* (305) 681-4388 4/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)