FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997

CROSS, CHRIS

LONGWOOD FL

105 SANDALWOOD WAY

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Addition

(995)

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9300001873 (9)

FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.

Principal Place of Business Mailing Address					1 11 11 11 11 11 11 11 11 11 11 11 11 1		100 1111 1001
00 8.W. 28TH AVENUE T. LAUDERDALE FL 33312		PO BOX 1378 SAN MATEO FL 32187-1378 US					
	•				3. Date Incorporated or Qualified 05/03/1993	3a. Date of Last F 04/17/199	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
	L Eastland Lane	26			65-0392120		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	te	City & State			6. Election Campaign Financing		May Be
53 / PM		28			Trust Fund Contribution	☐ Added	to Fees
Zip	25 Country A	Zip	Country		8. This corporation has liability for in		. 199.032,
59°C 18	9. Name and Address of Curre		30		Florida Statutes 10. Name and Address of New Reg	Yes X No	
	9. Name and Address of Curre	ut Maßistelag Wåalit	81	N		Jistered Agent	
			["]	Bren	ida L. Ives		
GILMORE, RICARDO L				Street Addr	ess (P.O. Box Number is Not Acceptable	(e)	
334 HYDE PARK AVENUE				<u> 600</u>	2 8.W. 39+24 24	160	
TAMPA F	L 33696		83				
	¥		84	#ort	- Laudendale	FL 85 3	Code 2
11. Pursuant	to the provisions of Sections 617.050	22 and 617.1508, Florida Statute	s the above	-named corp	poration submits this statement for the pr	urpose of changing i	ts registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statutes	ine corporati	ion's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE	Brenda L. Ive	s Æ	Ren		Dres 3/3	27/97	
	Signature, typed or printed name of registered ag			nt signatule requir	red when reinstaling)	DATE	
12,		ID DIRECTORS DELETE	13.	- 170-	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR Change	RS IN 12 Addition
TITLE	PD DEFINE	M DETELE	1.1 TITLE		resident D	Change	AUGIROI
NAME	IVES, BRENDA L.		1.2 NAME		very d. Tingiris 1112 Eastland Lane		
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP	FORT LAUDERDALE FL	DELETE	1.4 CITY - S' 2.1 TITLE	i-ZIP	ompo, FL 33625	☐ Change	Addition
	VPD	Detere		N.	ice President / D	Change	TAS MODITION
NAME	TINGIRIS, MARY		2.2 NAME		nristina Cross us sandalwood Way	•	
STREET ADDRESS			2 3 STREET	ADDRESS VC	ongwood, FL BAYSC	3	
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	2. 4 CITY - S 3.1 TITLE	1-2IP	sudmaga, 45 74,136	Change	Addition
NAME	MCCOY, CATHY	L-1 000000	3.2 NAME	}			- radio
STREET ADDRESS	ROUTE 1 BOX 355		3.3 STREET	AUDRESS		*	
CITY-ST-ZIP	SAN MATEO FL		3.4. CITY - S		1. Non 10 :		
TITLE	VP	DELETE	4.1 TITLE		rice yes	Change	Addition
NAME	PESTA, LESLIE	/ •	4. 2 NAME		brenda L. Ives 600 sw agm Avenue	_	•
STREET ADDRESS			4.3 STREET	ADDRESS -	The landed The		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY - S	r-ZIP	Fort Lauderdale, F1 2	.3 3 12 .	
TITLE	TD	DELETE	5.1 TITLE			Change	Addition
NAME	SCOTT, MICHELE D.		5.2 NAME	1	•		
STREET ADDRESS			5.3 STREET		_		
AUTH AT MID	BUADA CI				Dalaka Oaladiaan		

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 pa an attachment with an address.

Margorie Fordacaro

Strasota, FL

4202 Dasodena Circle