

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthem</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001873 (9)**  
 1. Corporation Name  
**FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.**



Principal Place of Business <b>14112 EASTLAND LANE TAMPA FL 33625 US</b>	Mailing Address <b>PO BOX 1378 SAN MATEO FL 32017 US</b>
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3. Date Incorporated or Qualified <b>05/03/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0392120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>600 SW 29th Ave</b>
22. City & State	27. <b>Ft. Lauderdale</b>
23. Zip	28. <b>33312</b>
24. Country	29. <b>USA</b>

9. Name and Address of Current Registered Agent

**IVES, BRENDA L**  
**600 SW 29TH STREET**  
**FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>600 SW 29th Avenue</b>
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TINGIRIS, MARY</b>	
STREET ADDRESS	<b>14112 EASTLAND LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CROSS, CHRISTINA</b>	
STREET ADDRESS	<b>105 SANDALWOOD WAY</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCOY, CATHY</b>	
STREET ADDRESS	<b>ROUTE 1 BOX 355</b>	
CITY-ST-ZIP	<b>SAN MATEO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>IVES, BRENDA L</b>	
STREET ADDRESS	<b>600 SE 29TH AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, MICHELE D.</b>	
STREET ADDRESS	<b>13400 N. MIAMI AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>PR</b>	<input type="checkbox"/> DELETE
NAME	<b>FONDACARO, MARJORIE</b>	
STREET ADDRESS	<b>4202 PASADENA CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>33625</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP McCoy, Cathy</b>
2.3 STREET ADDRESS	<b>Route 1 Box 355</b>
2.4 CITY-ST-ZIP	<b>San Mateo, FL 32181</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S Donna Kerr</b>
3.3 STREET ADDRESS	<b>PO Box 292161</b>
3.4 CITY-ST-ZIP	<b>Tampa, FL 33687-2161</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33312</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>33168</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>34237</b>

14. I 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 on an attachment with an address.

SIGNATURE: *Michele D Scott* **Michele D Scott 4/17/98 (205) 681-4880**

CR2E037 (10/97)