

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90058 001 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001873**

1. Corporation Name  
**FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.**

Principal Place of Business 600 SW 29TH AVENUE FT LAUDERDALE FL 33312 US	Mailing Address <del>PO BOX 1378 SAN MATEO FL 32017 US</del>
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21 Principal Place of Business	2a Mailing Address <b>600 SW 29th Avenue</b>	3 Date Incorporated or Qualified - 05/03/1993
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4 FEI Number <b>65-0392120</b>
23 City & State	28 City & State <b>Fort Lauderdale, FL</b>	5 Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip	29 Zip <b>33312</b>	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>IVES, BRENDA L 60 SW 29TH AVENUE FORT LAUDERDALE FL 33312</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TINGIRIS, MARY</b>		1.2 NAME	
STREET ADDRESS <b>14112 EASTLAND LANE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33625</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCOY, CATHY</b>		2.2 NAME	
STREET ADDRESS <b>ROUTE 1, BOX 355</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SAN MATEO FL 32187</b>		2.4 CITY-ST-ZIP	
TITLE <del>S</del>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KERR, DONNA</b>		3.2 NAME	<b>VP/Ways &amp; Means</b>
STREET ADDRESS <b>P.O. BOX 292161</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33687</b>		3.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>IVES, BRENDA L</b>		4.2 NAME	
STREET ADDRESS <b>600 SE 29TH AVENUE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33312</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCOTT, MICHELE D.</b>		5.2 NAME	
STREET ADDRESS <b>13400 N. MIAMI AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33168</b>		5.4 CITY-ST-ZIP	
TITLE <b>PR</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FONDACARO, MARJORIE</b>		6.2 NAME	<b>Secretary Elaine Ellsworth</b>
STREET ADDRESS <b>4202 PASADENA CIRCLE</b>		6.3 STREET ADDRESS	<b>1006 Louisiana Street Avenue</b>
CITY-ST-ZIP <b>SARASOTA FL 34237</b>		6.4 CITY-ST-ZIP	<b>Wm Haven FL 34444</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, with all other like empowered.

SIGNATURE: Michele D. Scott 4/19/99 305 322-6059  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E037 (11/98)