

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90024 049 ****61.25

DOCUMENT # N93000001873			
1. Entity Name FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.			
Principal Place of Business 600 SW 29TH AVENUE FT LAUDERDALE FL 33312 US		Mailing Address 600 SW 29TH AVE FT LAUDERDALE FL 33312 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



34060400



MOORE CR2E037 (11/03)

4. FEI Number 65-0392120				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent IVES, BRENDA L 60 SW 29TH AVENUE FORT LAUDERDALE FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9207 Edgemont Lane City Boca Raton FL Zip Code 38434		

New address

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	TENER, TAMMY 280 COUNTRY SAN COVE OVIEDO FL 32765	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	PARO, CAROL <i>Giammarco</i> 2711 NW 108 AVE FORT LAUDERDALE FL 33322	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE WM	RAE, DIALYN 3622 75TH TERR EAST SARASOTA FL 34232	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	IVES, BRENDA L 600 SE 29TH AVENUE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	HAIKKI, BERNADETTE 3224 LINDEN DR SARASOTA FL 34232	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	GSKINS, LINNETTE 312 MONROE DR WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 04
 Date

Daytime Phone #