

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001873

FILED  
May 16, 2011  
Secretary of State

**Entity Name:** FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.

**Current Principal Place of Business:**

9207 EDGEMONT LN  
BOCA RATON, FL 32724 US

**New Principal Place of Business:**

**Current Mailing Address:**

9207 EDGEMONT LN  
BOCA RATON, FL 32724 US

**New Mailing Address:**

FEI Number: 65-0392120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BILL, ABBIE  
9207 EDGEMONT LANE  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HIESTER, KARAN  
Address: 1859 MANGO TREE DR  
City-St-Zip: EDGEWATER, FL 32141

Title: VP  
Name: BROOKS, ANNE  
Address: 2902 DOVEWOOD ST.  
City-St-Zip: CLEARWATER, FL 33759

Title: PD  
Name: CARNES, KARLA  
Address: 1165 CAHOON ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARAN HIESTER

PRES

05/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date