

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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

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

PO BOX 1378
SAN MATEO FL 32017
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	- 05/03/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0392120
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IVES, BRENDA L
60 SW 29TH AVENUE
FORT LAUDERDALE FL 33312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINGIRIS, MARY	1.2 NAME	
STREET ADDRESS	14112 EASTLAND LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, CATHY	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 355	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO FL 32187	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VP/Ways & Means <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, DONNA	3.2 NAME	
STREET ADDRESS	P.O. BOX 292161	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33687	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVES, BRENDA L	4.2 NAME	
STREET ADDRESS	600 SE 29TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MICHELE D.	5.2 NAME	
STREET ADDRESS	13400 N. MIAMI AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	5.4 CITY-ST-ZIP	
TITLE	PR <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONDACARO, MARJORIE	6.2 NAME	Elaine Ellsworth
STREET ADDRESS	4202 PASADENA CIRCLE	6.3 STREET ADDRESS	1006 Louisiana Street Avenue
CITY-ST-ZIP	SARASOTA FL 34237	6.4 CITY-ST-ZIP	Lynn Haven FL 32444

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 305 322-6059
Daytime Phone

CR2E037 (11/98)