## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26617

Entity Name: THE FLORIDA ASSOCIATION FOR CHILD CARE

MANAGEMENT, INC.

**Current Principal Place of Business:** 

908 SOUTH ANDREWS AVENUE FOR LAUDERDALE, FL 33316

**Current Mailing Address:** 

P.O. BOX 460577

FORT LAUDERDALE, FL 33346 US

FEI Number: 65-0079688 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLYN SETNOR, BOGDANOFF DIR. 908 SOUTH ANDREWS AVENUE FOR LAUDERDALE, FL 33316 US

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

FILED Feb 15, 2013

**Secretary of State** 

CC3534489836

Officer/Director Detail:

Title PRES Title SEC

Name OSBORNE, DANIEL Name MILLARD, DOUG

Address 10060 AMBERWOOD ROAD SUITE 3 Address 908 SOUTH ANDREWS AVENUE

City-State-Zip: FORT MYERS FL 33913 City-State-Zip: FOR LAUDERDALE FL 33316

Title TREA Title DIR

NameELLIS, TERRIENameBOGDANOFF, ELLYN SETNORAddress908 SOUTH ANDREWS AVENUEAddress908 SOUTH ANDREWS AVENUE

City-State-Zip: FOR LAUDERDALE FL 33316 City-State-Zip: FOR LAUDERDALE FL 33316

Title VP

Name ZAIKOV, STUART

Address 908 SOUTH ANDREWS AVENUE

City-State-Zip: FOR LAUDERDALE FL 33316

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: ELLYN SETNOR BOGDANOFF

**EXECUTIVE DIRECTOR** 

02/15/2013