

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26617

Entity Name: THE FLORIDA ASSOCIATION FOR CHILD CARE
MANAGEMENT, INC.**Current Principal Place of Business:**4840 DAIRY ROAD - STE. 101
MELBOURNE, FL 32904**Current Mailing Address:**4840 DAIRY ROAD - STE. 101
MELBOURNE, FL 32904 US**FEI Number:** 65-0079688**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHIELDS, JENNIFER
4840 DAIRY ROAD - STE. 101
MELBOURNE, FL 32904 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

Officer/Director Detail :

Title	VP
Name	KEISTER, ROY
Address	3693 COOLIDGE CT
City-State-Zip:	TALLAHASSEE FL 32311

Title	T
Name	MILLARD, DOUG
Address	6550 SW 39TH ST
City-State-Zip:	DAVIE FL 33314

Title	DIR
Name	MUSELLA, JULIA
Address	1735 E. ATLANTIC BLVD
City-State-Zip:	POMPANO BEACH FL 33060

Title	P
Name	CROUCH, TRIPP
Address	7345 JACKSON SPRINGS ROAD
City-State-Zip:	TAMPA FL 33634

Title	D
Name	SHIELDS, JENNIFER
Address	4840 DAIRY ROAD - STE. 101
City-State-Zip:	MELBOURNE FL 32904

Title	OD
Name	MCNEELY, SELENA
Address	4840 DAIRY ROAD - STE. 101
City-State-Zip:	MELBOURNE FL 32904

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: SELENA MCNEELY**DIRECTOR OF
OPERATIONS****02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date