

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000001873

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

Current Principal Place of Business:

9207 EDGEMONT LN
BOCA RATON, FL 33434

Current Mailing Address:

9207 EDGEMONT LN
BOCA RATON, FL 33434 US

FEI Number: 65-0392120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BILL, ABBIE
9207 EDGEMONT LANE
BOCA RATON, FL 33434 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 PRESIDENT
Name KENDRICK, LOIS
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title VICE PRESIDENT
Name LAMBERT, ARLEEN
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title CHAPTER COORDINATOR
Name WALLACE, AMANDA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title LATINO LIASON
Name DIAZ, ALMA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title PROFESSIONAL DEVELOPMENT
Name DONALDSON, ADRIENNE
Address 9207 EDGEMONT LANE
City-State-Zip: BOCA RATON FL 33434

Title FUNDRAISING
Name FREEMAN-FORD, GERTUDE
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY
Name ROACH, DORENE
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title MEMBERSHIP
Name CORSO-RUUD, WENDY
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

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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: SONDRA HARPER

COMPTROLLER

06/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title LEGISLATIVE LIAISON
Name GIBSON, LYNN
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title TREASURER
Name BALLARD, KISSHA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title AREA REPRESENTATIVE COORDINATOR
Name ALMODOVAR, ANGELA-PERLA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434

Title COMPTROLLER
Name HARPER, SONDRAL
Address 9207 EDGEMONT LANE
City-State-Zip: BOCA RATON FL 33434

Title EXECUTIVE DIRECECTOR
Name TENER, TAMARA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 33434