

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001873

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

**FILED**  
**Apr 10, 2022**  
**Secretary of State**  
**7796623426CC**

**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: SONDR HARPER**

**COMPROLLER**

**04/10/2022**

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

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

Title EXECUTIVE DIRECTOR  
Name TENER, TAMARA  
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