

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001873

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

FILED
Jan 25, 2013
Secretary of State
CC2016421594

Current Principal Place of Business:

9207 EDGEMONT LN
BOCA RATON, FL 32724

Current Mailing Address:

9207 EDGEMONT LN
BOCA RATON, FL 32724 US

FEI Number: 65-0392120

Certificate of Status Desired: Yes

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 PRES
Name GIBSON, LYNN
Address 8697 78TH AVE. NORTH
City-State-Zip: SEMINOLE FL 33777

Title SEC
Name DIXON J, ANET
Address 1506 KIRBY ST
City-State-Zip: PALATKA FL 32177

Title TREA
Name BROOKS, WINONA A
Address 2801 DOVEWOOD ST
City-State-Zip: CLEARWATER FL 33759

Title VICE PRESIDENT
Name FOSTER, CONNIE
Address 164 POPLAR DR
City-State-Zip: INTERLACHEN FL 32148

Title MEMBERSHIP
Name TURNQUEST, JENNY
Address 414 NW 9TH STREET
City-State-Zip: HALLANDALE FL 33009

Title AREA REPRESENTATIVE
 COORDINATOR
Name LAMBERT, ARLEEN
Address 19811 NW 7TH AVENUE
City-State-Zip: MIAMI GARDENS FL 33169

Title PUBLIC RELATIONS
Name BROWN, DIANE
Address 3531 MARTHA STREET
City-State-Zip: JACKSONVILLE FL 32209

Title CHAPTER COORDINATOR
Name PINTAR, DEBBIE
Address 6829 GUILFORD BRIDGE DR
City-State-Zip: APOLLO BEACH FL 33572

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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: WINONA A BROOKS

TREASURER

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title LATINO LIASON
Name MARQUEZ, MAYRA
Address 101 GARDENIA ROAD
City-State-Zip: KISSIMMEE FL 34743

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

Title FUNDRAISING
Name HEIKKILA, BERNADETTE
Address 3224 LINDEN DRIVE
City-State-Zip: SARASOTA FL 34232