

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001873

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

FILED
May 01, 2019
Secretary of State
9432775084CC

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: 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 WILSON, GWEN
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

Title TREA
Name MURPHY, GRETCHEN
Address 1508 MCBERRY STREET
City-State-Zip: TAMPA FL 33610

Title VICE PRESIDENT
Name KENDRICK, LOIS
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

Title MEMBERSHIP
Name WALLACE, AMANDA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

Title AREA REPRESENTATIVE
 COORDINATOR
Name HIGHTOWER, LUCINDA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

Title PUBLIC RELATIONS
Name BERRY, TASHEBA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

Title CHAPTER COORDINATOR
Name HEIKKILA, BERNADETTE
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

Title LATINO LIASON
Name ORTIZ, PATRICIA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

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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: GRETCHEN MURPHY

TREASURER

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title FUNDRAISING
Name CHIPP, CYNTHIA
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724

Title SECRETARY
Name ROACH, DORENE
Address 9207 EDGEMONT LN
City-State-Zip: BOCA RATON FL 32724