

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001873

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

**FILED**  
**Jan 26, 2015**  
**Secretary of State**  
**CC2456028763**

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

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

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

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

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

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

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

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

**Continues on page 2**

*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 ANNE BROOKS**

**TREASURER**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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