FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:04

DOCUMENT # 762042 (0)

1. Corporation Name

FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AGENCIES, INC.

Principal Place of Business	Mailing Address
H C O 1 BOX 78 PALATKA FL 32177	H C O 1 BOX 78 PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1982
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2249280 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACCLELLAN, ED
H/C/O/ 1- BOX 78
501 CO H.W. 310
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ed MacClellan — Ed MacClellan — 1-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ZEPP, STEVE	1.2 NAME	
STREET ADDRESS	WHITMIRE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, WILFORD	2.2 NAME	
STREET ADDRESS	ARLINGTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WIERMAN, ALAN	3.2 NAME	
STREET ADDRESS	602 SW BILTMORE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBBIE	4.2 NAME	
STREET ADDRESS	4822 HECKSCHER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	CONSOLVER, JOAN E	5.2 NAME	
STREET ADDRESS	1451 EDGEWOOD RANCH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	ED	6.1 TITLE	☐ Change ☐ Addition
NAME	MACCLELLAN, ED	6.2 NAME	
STREET ADDRESS	501 COUNTY RD 310 (HCO-1-BOX 78)	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ed MacClellan — Ed MacClellan — 1-13-95 — 904-325-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094420