FILI	E NO	W:	FIL	ING	FEE	IS	\$61	.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT #

762042

(0)

FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AG ENCIES, INC.

H C O 1 BOX 78 PALATKA FL 32177

Principal Place of Business

Mailing Address

H C O 1 BOX 78 PALATKA FL 32177



										<ol> <li>Date Incorporated or 02/22/1982</li> </ol>	Qualified	3a. Dat	e of Last 01/23/	t Report <b>1995</b>	
2.	Principal F	Place of Busine	ess	2a. Mailir	2a. Mailing Address					4. FEI Number			<del> , . ,</del>		
21	· · · · · · · · · · · · · · · · · · ·			26	<del></del>				ļ	59-2249280				Applied For	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				}					Not Applicable	
22			<del></del>	27					5. Certificate of Status Desired Security Securi						
City & State			City 8	City & State					É Fination Company Fi						
23			28	<u></u>					6. Flection Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
	Zip		Country	Zip Cou			ntry		8. This corporation has liability for intangible to under s. 19						
24		25 29 30							Florida Statutes Yes X No						
	·	9. Name	and Address of Curr	ent Registered	Agent				10. Name and Address of New Registered Agent						
			-				81 Name								
	MACCL	ELLAN, ED													
	H/C/O/ 1- BOX 78						82 Street Address (P.O. Box Number is Not Acceptable)								
		H.W. 310				}	83								
		KA FL 3217	7			63									
	, UCUII	W 1 L 3217	•			Ī	84	City					85 Zi	p Code	
	D											FL		· 1	
11.	or registe	to the provision to the transfer of the transf	ons of Sections 617,050 both, in the State of Fic	02 and 617,1508 orida. Such chanc	i, Florida Statutes	the abo	ve-n	amed co	prporation	on submits this statement of directors. Thereby accep	for the purpo	se of chan	ging its i	registered office	
	familiar w	ith, and accep	of the obligations of, Se	ction 617.0503,	Florida Statutes.	a by the c	Offic	J'allon S	Cloard	or orlectors. Thereby accep	a the appoin	irment as re	egisterec	agent. I am	
SIG	NATURE														
		Signature, typed o	or printed name of registered ag-	int and title if applicable	(P/OTE	: Registered	Agent	l signature re	equired wh	en reinstallinge		DATE			
12.			OFFICERS A	ND DIRECTORS		13.				ADDITIONS/CHANGE	s 10 office	ERS AND D	DIRECTO	DRS IN 12	
TITLE		PD			DELETE	1111	LE		125	>			Change	Add-tion	
NAME	F	-ZEPP; S	TEVE >	•	,	1.2 NA	Mέ		me	cormick,	WIL	ford			
STRE	140 HTS 4100 - Port 4 Po				13 \$16	REF E	ADDRESS	AA	Lington B	n	•				
CITY-	-ST-ZIP	MILTON	- <del>Ft~</del>			1.4 CIT		. 74D	TA	relecono.ila	CI				
TITLE		VD			DELETE	2 1 TIT		-211			<u> </u>	6	Change	Addition	
NAME	F	MOGOR	MICK, WILFORD			2.2 NA			,,,	ermar. ALA	حر و	<i>p</i> = 1	Linariye	L Addition	
	ET ADDRESS	ADUNIOZONI DO AD					ADDRESS	Wierman, ALAN Change Addition  DDRESS GOZS.W. BILTMore St							
		IAOVETERMAN CI						ر در ط	+ St Luci	0 E1					
TITLE	- ST - ZIP	VD	MAILUL AL		DELETE	2. 4 CI		1-7IP	-	<u> </u>	-, , ,				
			TRI-AL ANI			3 1 TIT			UD	0. 11		季	Change	*Addition	
NAME					3.2 NA			ادرر	le Handin	384					
	et address	330				3 3 STF	REET A	address	5 A.	ce HARDA.	~//				
	-ST-ZIP	·	T LUCIE FL			3.4. CIT	[Y - S]	T-ZIP	-4 1	4x- F1					
TITLE		SD			DELETE	4.1 TIT	LE		5 1	,	1 4 4		Change	Addition	
NAME			ROBBIE			4. 2 NA	ME	k	زري	way church w proteber this, Fix	h.//_				
STREE	ET ADDRESS	4822 HE	ECKSCHER DR			4.3 STF	REE1 #	ADORESS	24	ri Pritcher	ES	_			
CITY-	ST-ZIP	JACKSE	<del>NVILLE</del> FL			4.4 CIT	Y-S1	- ZIP	Lis	Wia FIR	33	547			
TITLE		TD			DELETE	5.1 T(T)	LE .						Change	Addition	
NAME		CONSO	LVER, JOAN E			5.2 NAI	ME	l							
STREE	ET ADDRESS		GEWOOD RANCH	RD				ADDRESS							
	-ST-ZIP	ORLAND		- <del></del> -											
TITLE		ED			DELETE	5.4 CiT 6.1 TiTL		- 212					Chacti	<u> </u>	
NAME		1	ELLAN, ED		Присси							L	Change	Addition	
			UNTY RD 310 (HCC	1 POV 701		62 NAM									
	ET ADDRESS			- I-DUA /6)				ADDRESS							
	ST-ZIP	PALATK				6.4 CrT	Y-\$1	- 7IP						<u> </u>	
14.	i uo nereb	y ceruiy inai t	ine iniormation supplied	) With this filing is	voluntarily furnish	ned and d	200	not gual	lify for th	e exemption stated in Sec	ction 110 07/	(2)/Id Elorio	la Ctate d	a a 1 ( ) a b = 1	

4. To nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: My Chilan Ed Mac Clellan

3-21-96 904-325-1816