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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

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

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PALATKA FL 32177

3. Date Incorporated or Qualified  
**02/22/1982**

3a. Date of Last Report  
**03/26/1996**

4. FEI Number  
**59-2249280**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **MCCORMICK, WILFORD**  
STREET ADDRESS **ARLINGTON DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE  
NAME **WIERMAN, ALAN**  
STREET ADDRESS **602 SW BILTMORE ST**  
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **VD** ☒ DELETE  
NAME **SMITH, DOUG**  
STREET ADDRESS **SAFE HARBOR WAY**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☒ DELETE  
NAME **CHURCHILL, CINDY**  
STREET ADDRESS **8421 PRITCHER RD**  
CITY-ST-ZIP **LITHIA FL**

TITLE **TD** ☐ DELETE  
NAME **CONSOLVER, JOAN E**  
STREET ADDRESS **1451 EDGEWOOD RANCH RD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **ED** ☐ DELETE  
NAME **MACCLELLAN, ED**  
STREET ADDRESS **501 COUNTY RD 310 (HCO-1-BOX 78)**  
CITY-ST-ZIP **PALATKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Cindy Churchill** ☒ Change ☐ Addition  
1.2 NAME **President**  
1.3 STREET ADDRESS **8421 Pritchard Rd**  
1.4 CITY-ST-ZIP **LITHIA, FL.**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **SAME**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **V.P.** ☒ Change ☐ Addition  
3.2 NAME **CONSOLVER, JOAN E**  
3.3 STREET ADDRESS **1451 EDGEWOOD RANCH RD**  
3.4 CITY-ST-ZIP **ORLANDO, FL.**

4.1 TITLE **SECRETARY** ☐ Change ☐ Addition  
4.2 NAME **KEN JOHNSON**  
4.3 STREET ADDRESS **HCO-1-BOX 78 Boyland Rd.**  
4.4 CITY-ST-ZIP **PALATKA, FL 32177**

5.1 TITLE **Tres** ☐ Change ☐ Addition  
5.2 NAME **Buddy Morrow**  
5.3 STREET ADDRESS **P.O. Box 1446 (NA)**  
5.4 CITY-ST-ZIP **Melbourne, FL.**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **SAME**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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**

324-97

904-325-1916

CF2E037 (9/96)