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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

H C O 1 BOX 78
PALATKA FL 32177



3. Date Incorporated or Qualified

02/22/1982

4. FEI Number

59-2249280

Applied For

Not Applicable

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME JOHNSON, KEN
STREET ADDRESS HCO 1 BOX 78 BOYRADE RD Boys Ranch Ed
CITY-ST-ZIP PALATKA FL

TITLE VD
NAME WIERMAN, ALAN
STREET ADDRESS 22 SW BILTMORE ST
CITY-ST-ZIP PORT ST LUCIE FL

TITLE VP
NAME CONSOLVER, JOANE
STREET ADDRESS 1451 EDGEWOOD RANCH RD
CITY-ST-ZIP ORLANDO FL

TITLE P
NAME CHURCHILL, CINDY
STREET ADDRESS 2421 PRITCHER RD
CITY-ST-ZIP LITHIA FL

TITLE T
NAME MORROW, BUDDY
STREET ADDRESS 20 BOX 1446
CITY-ST-ZIP MELBOURNE FL

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7305 Mushinski Rd
TAMPA, FL 33625

14. I 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.

Ed MacClellan

Jun 22 1998 3:36 PM

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