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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762042

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	JOHNSON, KEN		1.2 NAME	Wilford McCormicle	
STREET ADDRESS	HCO 1 BOX 78 BOYS RANCH RD	D	1.3 STREET ADDRESS	1057 Arlington Rd	
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP	Jacksonville 32211	
TITLE	VD	☒ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	WIERMAN, ALAN		2.2 NAME	Clyde Green	
STREET ADDRESS	602 SW BILTMORE ST		2.3 STREET ADDRESS	12569 Narcoossee Rd	
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	Orlando, FL. 32827-4955	
TITLE	VP	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	CONSOLVER, JOANE		3.2 NAME	Jack Lord	
STREET ADDRESS	1451 EDGEWOOD RANCH RD	D	3.3 STREET ADDRESS	6527 S Fitzhugh Rd	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL. 32812	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHURCHILL, CINDY		4.2 NAME		
STREET ADDRESS	8421 PRITCHER RD	D	4.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORROW, BUDDY		5.2 NAME		
STREET ADDRESS	7305 MUSHINSKI RD	D	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACCLELLAN, ED		6.2 NAME		
STREET ADDRESS	501 COUNTY RD 310 (HCO-1-BOX 78)	D	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Ed MacClellan — **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99
Date

904-325-1916
Daytime Phone #