

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762042

1. Entity Name

FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AG

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2249280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME JOHNSON, KEN
STREET ADDRESS HCO 1 BOX 78 BOYS RANCH RD
CITY-ST-ZIP PALATKA FL

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MCCORMICK, WILFORD
STREET ADDRESS 1057 ARLINGTON RD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE Sandy Lopes Pres. ☐ Change ☒ Addition
NAME 140 Duntz Rd
STREET ADDRESS Lacey Place, FL 33852
CITY-ST-ZIP

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

TITLE President/Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CHURCHILL, CINDY
STREET ADDRESS 8421 PRITCHER RD
CITY-ST-ZIP LITHIA FL

TITLE Board member/Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MORROW, BUDDY
STREET ADDRESS 7305 MUSHINSKI RD
CITY-ST-ZIP TAMPA FL 33625

TITLE Secretary/Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: *Ed MacClellan, Director* 3-3-2000 904 325-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE