

DOCUMENT # 762042

1. Entity Name
FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AG

Principal Place of Business Mailing Address
~~HCO-1 BOX 78~~ ~~HCO-1 BOX 78~~
PALATKA FL 32177 PALATKA FL 32177

2. Principal Place of Business 3. Mailing Address
501 County Rd 310 501 County Rd 310
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Palatka, FL City & State Palatka, FL
Zip 32177 Country Putnam Zip 32177 Country Putnam

6. Name and Address of Current Registered Agent
MACCLELLAN, ED
H/C/O/ 1- BOX 78
501 CO H.W. 310
PALATKA FL 32177
NEW ADDRESS
501 COUNTY RD. 310
PALATKA, FL 32177

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
501 County Rd 310
City Palatka FL Zip Code 32177

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 *Ed MacClellan* 1-08-01
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 NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, KEN HCO 1 BOX 78 BOYS RANCH RD PALATKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPES, SANDY 140 DUNTY RD LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONSOLVER, JOANE 1451 EDGEWOOD RANCH RD ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD CHURCHILL, CINDY 8421 PRITCHER RD LUTHIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORROW, BUDDY 7305 MUSHINSKI RD TAMPA FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MACCLELLAN, ED 501 COUNTY RD 310 (HCO-1-BOX 78) PALATKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 1-08-01 904-325-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90047 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)