

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90039 025 ****61.25

DOCUMENT # 762042

1. Entity Name

FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING
AGENCIES, INC.



Principal Place of Business

501 COUNTY ROAD 310
PALATKA FL 32177

Mailing Address

501 COUNTY ROAD 310
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

MACCLELLAN, ED
501 CO H.W. 310
PALATKA FL 32177

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, KEN	
STREET ADDRESS	380 BOYS RANCH RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	VP U.P.	<input type="checkbox"/> Delete
NAME	PALMER, MIKE	
STREET ADDRESS	13050 HWY 89	
CITY-ST-ZIP	JAY FL 23565	
TITLE	VP PRES	<input type="checkbox"/> Delete
NAME	BROWN, DON	
STREET ADDRESS	BOYS RANCH RD	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHURCHILL, CINDY	
STREET ADDRESS	8421 PRITCHER RD	
CITY-ST-ZIP	LITHIA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORROW, BUDDY	
STREET ADDRESS	2305 MUSHINSKI RD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MACCLELLAN, ED	
STREET ADDRESS	501 COUNTY RD 310 (HCO-1-BOX 78)	
CITY-ST-ZIP	PALATKA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDDY MORROW	
STREET ADDRESS	2305 MUSHINSKI RD	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	U.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2-19-04 586-325-1916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #