

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762042

FILED
Mar 29, 2006
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AGENCIES, INC.

Current Principal Place of Business:

501 COUNTY ROAD 310
PALATKA, FL 32177

New Principal Place of Business:

2603 SW BRIM STREET
LAKE CITY, FL 32024

Current Mailing Address:

501 COUNTY ROAD 310
PALATKA, FL 32177

New Mailing Address:

2603 SW BRIM STREET
LAKE CITY, FL 32024

FEI Number: 59-2249280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRYAN B. MORROW, JR.
2603 SW BRIM STREET
LAKE CITY, FL 32024 US

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: BRYAN B. MORROW, JR.

03/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORROW, BUDDY
Address: 2305 MUSHINSKI RD.
City-St-Zip: TAMPA, FL 33625

Title: VP () Delete
Name: PALMER, MIKE
Address: 13050 HWY 89
City-St-Zip: JAY, FL 23565

Title: PD () Delete
Name: BROWN, DON
Address: BOYS RANCH RD
City-St-Zip: CLERMONT, FL 34712

Title: SD () Delete
Name: CHURCHILL, CINDY
Address: 8421 PRITCHER RD
City-St-Zip: LITHIA, FL

Title: ED () Delete
Name: MACCLELLAN, ED,
Address: 501 COUNTY RD 310 (HCO-1-BOX 78)
City-St-Zip: PALATKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBBIE, SMITH
Address: 4772 SAFE HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP (X) Change () Addition
Name: RAVISH, ED
Address: 16520 S TAMIAMI TRAIL #18-251
City-St-Zip: FORT MEYERS, FL 33908

Title: PD (X) Change () Addition
Name: CONSOLVER, JOAN
Address: 1451 EDGEWOOD RANCH ROAD
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: MACCLELLAN, ED,
Address: 501 COUNTY RD 310 (HCO-1-BOX 78)
City-St-Zip: PALATKA, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBBIE SMITH

PRES

03/29/2006

Electronic Signature of Signing Officer or Director

Date