2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 762042

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

Current Principal Place of Business:

2603 SW BRIM STREET
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

2603 SW BRIM STREET
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 59-2249280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change ( ) Addition
Name: CHURCHILL, CINDY
Address: 8421 PRITCHER RD
City-St-Zip: LITHIA, FL

Title: PD ( ) Change (X) Addition
Name: FRANLKIN, LISA
Address: 1835 US 1 SOUTH SUITE 119-235
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify 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 D 03/20/2009

Electronic Signature of Signing Officer or Director — Date