

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N000000000007

FILED  
Aug 29, 2004  
Secretary of State

**Entity Name:** FELLOWSHIP CHRISTIAN CHILD DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

HIGHWAY 145  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 831  
MADISON, FL 32341

**New Mailing Address:**

**FEI Number:** 59-3625076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCHARGUE, STEVE  
HIGHWAY 145  
MADISON, FL 32340

**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: D ( ) Delete  
Name: MCCOLLUM, KATHY  
Address: ROUTE 2 BOX 4060  
City-St-Zip: LEE, FL 32059

Title: D ( ) Delete  
Name: SALTER, MICKIE  
Address: POST OFFICE BOX 245  
City-St-Zip: LEE, FL 32059

Title: D ( ) Delete  
Name: PINKARD, DERITA  
Address: 7803 NE ROCKY FORD ROAD  
City-St-Zip: PINETTA, FL 32350

Title: D ( ) Delete  
Name: MULKEY, AMELIA  
Address: ROUTE 4 BOX 1160  
City-St-Zip: MADISON, FL 32340

Title: D (X) Delete  
Name: HOWARD, JEFF  
Address: RT 3 BOX 1045  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WHIGHAM, KIM  
Address: COLIN KELLY HIGHWAY  
City-St-Zip: MADISON, FL 32340

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

Title: D (X) Change ( ) Addition  
Name: WATTS, TONYA  
Address: COLIN KELLY HIGHWAY  
City-St-Zip: MADISON, FL 32340

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMELIA MULKEY

D

08/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date