

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90049 031 \*\*\*\*70.00

<b>DOCUMENT # N000000000007</b> 1. Entity Name <b>FELLOWSHIP CHRISTIAN CHILD DEVELOPMENT CENTER, INC.</b>			
Principal Place of Business <b>HIGHWAY 145 MADISON FL 32340</b>		Mailing Address <b>POST OFFICE BOX 831 MADISON FL 32341</b>	
2. Principal Place of Business <b>Highway 145</b> Suite, Apt. #, etc. <b>Madison FL.</b>		3. Mailing Address <b>P.O. Box 831</b> Suite, Apt. #, etc. <b>Madison FL.</b>	
City & State <b>32340 USA</b>		City & State <b>32341 USA</b>	
Zip <b>32340</b>	Country <b>USA</b>	Zip <b>32341</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>MCHARGUE, STEVE HIGHWAY 145 MADISON FL 32340</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHIGHAM, KIM</b> <b>COLIN KELLY HIGHWAY</b> <b>MADISON FL 32340</b> <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	<b>D</b> <b>SALTER, MICKIE</b> <b>POST OFFICE BOX 245</b> <b>LEE FL 32059</b> <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	<b>D</b> <b>WATTS, TONYA</b> <b>COLIN KELLY HIGHWAY</b> <b>MADISON FL 32340</b> <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	<b>D</b> <b>MULKEY, AMELIA</b> <b>ROUTE 4 BOX 1160</b> <b>MADISON FL 32340</b> <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	<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	<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.			
<b>SIGNATURE:</b>		<b>2/7/05</b> <b>850-559-2963</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

30014120



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3625076** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**