

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90016 003 ****70.00

DOCUMENT # N00000000007

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



Principal Place of Business
**HIGHWAY 145
MADISON, FL 32340**

Mailing Address
**POST OFFICE BOX 831
MADISON, FL 32341**

60009511



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3625076

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCHARGUE, STEVE
HIGHWAY 145
MADISON, FL 32340**

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

Steve Mchargue **Steve, Mchargue**

11/30/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHIGHAM, KIM
COLIN KELLY HIGHWAY
MADISON, FL 32340 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALTER, MICKIE
POST OFFICE BOX 245
LEE, FL 32059 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATTS, TONYA
COLIN KELLY HIGHWAY
MADISON, FL 32340 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MULKEY, AMELIA
ROUTE 4 BOX 1160
MADISON, FL 32340 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lenord ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lenord Bembry, (D) ☐ Change ☒ Addition
2510 SW Pettis Springs Circle
Greenville, FL 32331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(D) ☐ Change ☒ Addition
Shannon Speight
4820 E US Hwy 90
Madison, FL 32340

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Steve Mchargue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #