2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N00000000007

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 (X)**

Name and Address of Current Registered Agent:

MCHARGUE, STEVE
HIGHWAY 145
MADISON, FL 32340 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:	D	( ) Delete
Name:	WHIGHAM, KIM	
Address:	COLIN KELLY HIGHWAY	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	SALTER, MICKIE	
Address:	POST OFFICE BOX 245	
City-St-Zip:	LEE, FL 32059	
Title:	D	( ) Delete
Name:	WATTS, TONYA	
Address:	COLIN KELLY HIGHWAY	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	MULKEY, AMELIA	
Address:	ROUTE 4 BOX 1160	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	BEMBRY, LENORD	
Address:	2510 SW PETTIS SPRINGS CIRCLE	
City-St-Zip:	GREENVILLE, FL 32331	
Title:	D	( ) Delete
Name:	SPEIGHT, SHANNON	
Address:	4820 E US HWY 90	
City-St-Zip:	MADISON, FL 32340	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: TONYA WATTS D 04/22/2008
Electronic Signature of Signing Officer or Director — Date