

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000007

FILED
Feb 04, 2009
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 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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: SHANNON SPEIGHT

D

02/04/2009

Electronic Signature of Signing Officer or Director

Date