

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000007

FILED  
Apr 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1997 NE COLIN KELLY HWY  
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:**

WATTS, JACKIE  
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  
Name: BENTLEY, JUDY  
Address: COLIN KELLY HIGHWAY  
City-St-Zip: MADISON, FL 32340

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

Title: D  
Name: WATTS, TONYA  
Address: COLIN KELLY HIGHWAY  
City-St-Zip: MADISON, FL 32340

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

Title: D  
Name: BEMBRY, LENORD  
Address: 2510 SW PETTIS SPRINGS CIRCLE  
City-St-Zip: GREENVILLE, FL 32331

Title: D  
Name: SPEIGHT, SHANNON  
Address: 4820 E US HWY 90  
City-St-Zip: MADISON, FL 32340

I hereby 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 all other like empowered.

SIGNATURE: JUDY BENTLEY

D

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date