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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35786 (5)

1. Corporation Name

CENTRAL FLORIDA ASSOCIATION FOR FAMILY CHILD CARE, INC.

Principal Place of Business

8746 POPLARWOOD CT.
ORLANDO FL 32825
US

Mailing Address

8746 POPLARWOOD CT.
ORLANDO FL 32825-8157
US



3. Date Incorporated or Qualified
12/26/1989

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 2235 Steffanie Ct.

Suite, Apt. #, etc.

22

City & State

23 Kissimmee FL

24 34746

Country

25 US

2a. Mailing Address

26 2235 Steffanie Ct.

Suite, Apt. #, etc.

27

City & State

28 Kissimmee FL

Zip

29 34746

Country

30 US

4. FEI Number

59-3005518

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARULLO, RITA
8746 POPLARWOOD CT.
ORLANDO FL 32825

81 Name

Pat Metsala

82 Street Address (P.O. Box Number Is Not Acceptable)

2235 Steffanie Court

83

84 City

Kissimmee

FL

85 Zip Code

34746

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Patricia Metsala

2-10-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME CROSS, CHRISTINA
STREET ADDRESS 105 SANDALWOOD WAY
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE

NAME TENDER, TAMMY
STREET ADDRESS 280 COUNTRY SUN COVE
CITY-ST-ZIP OVIEDO FL

TITLE TD ☒ DELETE

NAME MARULLO, RITA
STREET ADDRESS 8746 POPLARWOOD CT.
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME Kristi Hatfield
STREET ADDRESS 1131 Covington St
CITY-ST-ZIP Oviedo FL 32765

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD
Pat Metsala
2235 Steffanie Ct.
Kissimmee FL 34746

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VP D
Kristi Hatfield
1131 Covington St
Oviedo FL 32765

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-97

Date

847-8332

Daytime Phone # 0017689

CR2E037 (9/96)