

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35786** (5)

1. Corporation Name

CENTRAL FLORIDA ASSOCIATION FOR FAMILY CHILD CARE, INC.

Principal Place of Business

Mailing Address

2235 STEFFANIE CT
KISSIMMEE FL 34746
US

2235 STEFFANIE CT
KISSIMMEE FL 34746
US

3. Date Incorporated or Qualified

12/26/1989

4. FEI Number

59-3005518

Applied For

Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 CFAFCC

26 CFAFCC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 5490

27 P.O. Box 5490

City & State

City & State

23 Winter Park, FL

28 Winter Park, FL

Zip

Zip

24 32793

29 32793

Country

Country

25 Orange

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METSALA, PAT
2235 STEFFANIE COURT
KISSIMMEE FL 34746

81 Name CFAFCC

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

P.O. Box 5490

83 Winter Park, FL

84 City

FL

85 Zip Code 32793

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

Kristi Hatfield

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-98

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME HATFIELD, KRISTI
STREET ADDRESS 1131 COVINGTON ST
CITY-ST-ZIP OVIEDO FL

TITLE PD ☒ DELETE

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

TITLE TD ☐ DELETE

NAME METSALA, PAT
STREET ADDRESS 2235 STEFFANIE CT
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 TD
1.3 STREET ADDRESS Hatfield Kristi
1.4 CITY-ST-ZIP 1131 covington street
oviedo, FL 32765

2.1 TITLE PD ☐ Change ☒ Addition

2.2 NAME Berrios, Evelyn
2.3 STREET ADDRESS 1020 Burnett Street
2.4 CITY-ST-ZIP Oviedo, FL 32765

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME Metsala, Pat
3.3 STREET ADDRESS 2235 Steffanie ct.
3.4 CITY-ST-ZIP Kissimmee, FL 34746

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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: Kristi Hatfield

1-12-98

CR2E037 (10/97)