


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90034 037 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35786**

1. Corporation Name

**CENTRAL FLORIDA ASSOCIATION FOR FAMILY CHILD CARE, INC.**

Principal Place of Business

 CFAFCC  
 PO BOX 5490  
 WINTER PARK FL 32793  
 US

Mailing Address

 CFAFCC  
 PO BOX 5490  
 WINTER PARK FL 32793  
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/26/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3005518	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

**METSALA, PAT**  
**2235 STEFFANIE COURT**  
**KISSIMMEE FL 34748**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Treasurer
NAME	HATFIELD, KRISTI	1.2 NAME	Michelle Hawkins
STREET ADDRESS	1131 COVINGTON ST	1.3 STREET ADDRESS	5529 Westhaven Ct.
CITY-ST-ZIP	OVIDO FL 32765	1.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	PD	2.1 TITLE	VPD - Vice President Programs
NAME	BERRIOS, EVELYN	2.2 NAME	Molly Ward
STREET ADDRESS	1020 BURNETT ST	2.3 STREET ADDRESS	102 Yorktown Place
CITY-ST-ZIP	OVIDO FL 32765	2.4 CITY-ST-ZIP	Sanford, FL 32711
TITLE	VPD	3.1 TITLE	PD President
NAME	METSALA, PAT	3.2 NAME	Kristi Hatfield
STREET ADDRESS	2235 STEFFANIE CT	3.3 STREET ADDRESS	1131 Covington St.
CITY-ST-ZIP	KISSIMMEE FL 34748	3.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE		4.1 TITLE	
NAME	Michelle Hawkins	4.2 NAME	
STREET ADDRESS	5529 Westhaven Ct.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32810	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

**SIGNATURE:** *Michelle Hawkins* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99 (407) 296-2174  
 Date Daytime Phone

CR2E037 (1/98)