6/16/2002-90696-(

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State
06-16-2002 90696 012 ****61.25

DOCUMENT # N93000001873

1. Entity Name

FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 SW 29TH AVENUE. FT LAUDERDALE, FL 33312 US	600 SW 29TH AVE FT LAUDERDALE FL 33312 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0392120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IVES, BRENDA L 600 SW 29TH AVENUE FORT LAUDERDALE FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TINGIRIS, MARY 14112 EASTLAND LANE TAMPA FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Tammy Tener 280 Country Side Cove Oviedo FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCCOY, CATHY ROUTE 1, BOX 355 SAN MATEO FL 32187	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Carol Giammaro ~~7845 S.W. 90 ST.~~ 2711 N.W. 108 Ave ~~N. Lauderdale~~ Sunrise FL 33322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WAYS, MEANS P.O. BOX 292161 TAMPA FL 33687	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ways n means Didlyn Raeth Terr East 3622-75 Sarasota FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD IVES, BRENDA L 600 SE 29TH AVENUE FORT LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STREETER, PAULA 14011 FULKERTON DR TAMPA FL 33625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer Bernadette Haikkila 3224 Linden Dr Sarasota FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GSKINS, LINNETTE 312 MONROE DR WEST PALM BEACH FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 97074 [redacted]
#N93000001873

To Whom It May Concern

I am very sorry about mailing these papers so late. I just got into office as treasurer for FFCHA Inc. and didn't recieved the papers until June 4, 02. I hope you except my apology and understand.

Thank You

Bernadette Hukkila

Attachment
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