

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001873

FILED
Apr 25, 2005
Secretary of State

Entity Name: FLORIDA FAMILY CHILD CARE HOME ASSOCIATION, INC.

Current Principal Place of Business:

600 SW 29TH AVENUE
FT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

600 SW 29TH AVE
FT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0392120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IVES, BRENDA L
9207 EDMONT LANE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

IVES, BRENDA L
9207 EDMONT LANE
BOCA RATON, FL 33434 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TENER, TAMMY
Address: 280 COUNTRY SAN COVE
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: GIAMMARCO, CAROL
Address: 2711 NW 108 AVE
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: WM () Delete
Name: RAE, DIALYN
Address: 3622 75TH TERR EAST
City-St-Zip: SARASOTA, FL 34232

Title: CD () Delete
Name: IVES, BRENDA L
Address: 600 SE 29TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: HAIKKI, BERNADETTE
Address: 3224 LINDEN DR
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: GSKINS, LINNETTE
Address: 312 MONROE DR
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TAMMY TENER

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date