

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001873

FILED
Feb 21, 2009
Secretary of State

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

Current Principal Place of Business:

9207 EDMONT LN
BOCA RATON, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

9207 EDMONT LN
BOCA RATON, FL 32724 US

New Mailing Address:

FEI Number: 65-0392120 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BILL, ABBIE
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: ABBIE BILL

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MCCOY, CATHY
Address: 660 OLD SAN MATEO RD
City-St-Zip: SAN MATEO, FL 32187

Title: SEC () Delete
Name: FOUNTAINE, JACKIE
Address: 736 SEARCY AVE
City-St-Zip: SARASOTA, FL 34237

Title: W/M () Delete
Name: GAINES, CLOE
Address: 538 A LANE
City-St-Zip: COCOA, FL 32926

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

Title: TREA (X) Delete
Name: HARPER, SONDR
Address: 3601 63RD STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: WYNN, BRENDA
Address: 817 HOWARD ST.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: HIESTER, KARAN
Address: 1859 MANGO TREE DR
City-St-Zip: EDGEWATER, FL 32141

Title: TREA (X) Change () Addition
Name: HARPER, SONDR
Address: 3601 63RD STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33710

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SONDR HARPER

TREA

02/21/2009

Electronic Signature of Signing Officer or Director

Date