

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762042

**Entity Name:** FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AGENCIES, INC.**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**2451303934CC****Current Principal Place of Business:**11415 HOPE INTERNATIONAL DRIVE  
TAMPA, FL 33625**Current Mailing Address:**12094 ANDERSON RD  
UNIT #123  
TAMPA, FL 33625 US**FEI Number: 59-2249280****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HIGGINS, MIKE  
11415 HOPE INTERNATIONAL DRIVE  
TAMPA, FL 33625 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: MIKE HIGGINS****02/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	HIGGINS, MIKE
Address	11415 HOPE INTERNATIONAL DR
City-State-Zip:	TAMPA FL 33625

Title	TREASURER, DIRECTOR
Name	FRANKLIN, LISA
Address	1835 US 1 SOUTH SUITE 119-235
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	PRESIDENT, DIRECTOR
Name	KANAGY, GREG
Address	44930 FARADEE RD
City-State-Zip:	PUNTA GORDA FL 33982

Title	SECRETARY, DIRECTOR
Name	SMITH, ROBBIE
Address	4772 SAFE HARBOR WAY
City-State-Zip:	JACKSONVILLE FL 32226

Title	EXECUTIVE DIRECTOR
Name	HIGGINS, MATTHEW
Address	11415 HOPE INTERNATIONAL DR
City-State-Zip:	TAMPA FL 33625

Title	ADMINISTRATIVE ASSISTANT
Name	SOMMERDORF, ROBIN
Address	11415 HOPE INTERNATIONAL DR
City-State-Zip:	TAMPA FL 33625

Title	DIRECTOR
Name	BAILIE, JONATHAN
Address	PO BOX 5076
City-State-Zip:	LARGO FL 33779

Title	DIRECTOR
Name	JORDAN, BRUCE
Address	1451 EDGEWOOD RANCH ROAD
City-State-Zip:	ORLANDO FL 32835

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBIN SOMMERDORF****EXECUTIVE ASSISTANT****02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date