

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762042

**Entity Name:** FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AGENCIES, INC.**FILED**  
**Feb 02, 2022**  
**Secretary of State**  
**6689243739CC****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****02/02/2022**

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, VP  
Name WILLIAMS, DAN  
Address 6754 S CARTER RD  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR, VP  
Name HALL, BRAD  
Address 380 BOYS RANCH RD  
City-State-Zip: PALATKA FL 32177

**Continues on page 2**

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****ADMINISTRATIVE  
ASSISTANT****02/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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