

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762042

Entity Name: FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING AGENCIES, INC.**Current Principal Place of Business:**13448 COUNTY ROAD 10A
WELLBORN, FL 32904**Current Mailing Address:**P.O. BOX 1862
LAKE CITY, FL 32056 US**FEI Number: 59-2249280****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRYAN B. MORROW, JR.
2603 SW BRIM STREET
LAKE CITY, FL 32024 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	D
Name	MIKE, HIGGINS
Address	11415 HOPE INTERNATIONAL DR
City-State-Zip:	TAMPA FL 36525

Title	T
Name	JOHNSON, KEN
Address	380 BOYS RANCH ROAD
City-State-Zip:	PALATKA FL 32177

Title	P
Name	CHURCHILL, CINDY
Address	8421 PRITCHER RD
City-State-Zip:	LITHIA FL

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

Title	S
Name	REASON, MIKE
Address	461 NEW LIFE CHURCH ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327

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: ROBBIE SMITH**DIRECTOR****01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date