2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 08, 2025
Secretary of State
5284595861CC

DOCUMENT# N93000001873

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

Current Principal Place of Business:

9207 EDGEMONT LN
BOCA RATON, FL 33434

Current Mailing Address:

9207 EDGEMONT LN
BOCA RATON, FL 33434 US

FEI Number: 65-0392120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BILL, ABBIE
9207 EDGEMONT 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	FREEMAN-FORD, GERTRUDE
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	CHAPTER COORDINATOR
Name	ALMODOVAR, ANGELA
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	TREASURER
Name	ROACH, DORENE
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	MEMBERSHIP
Name	BALLARD, KISSHA
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	VP
Name	RICHARDS, JENNIFER
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	FUNDRAISING
Name	WILLIAMS, DANISH
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	COMPTROLLER
Name	HARPER, SONDRA L
Address	9207 EDGEMONT LANE
City-State-Zip:	BOCA RATON FL 33434

Title	EXECUTIVE DIRECECTOR
Name	TENER, TAMARA
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

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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: SONDRA HARPER COMPTROLLER 10/08/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	AREA REPRESENTATIVE COORDINATOR
Name	MORRIS, MARY
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	SECRETARY
Name	CORSO-RUUD, WENDY
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434

Title	PROFESSIONAL DEVELOPMENT
Name	EBERHART, ANNETTE
Address	9207 EDGEMONT LN
City-State-Zip:	BOCA RATON FL 33434