
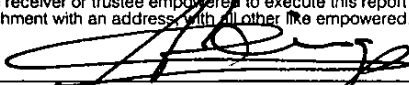


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90189 012 \*\*\*\*70.00

DOCUMENT # N02000004722					
1. Entity Name FOUNDATION FOR COMPREHENSIVE COMMUNITY CARE, INC.					
Principal Place of Business 2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406			Mailing Address P.O. BOX 18887 WEST PALM BEACH, FL 33416		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0417842	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEED, LARRY 2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, TRENT MR.		NAME	KEN DRUSKIN	
STREET ADDRESS	2897 SE OCEAN BLVD		STREET ADDRESS	525 SOUTH FLAGLER DRIVE #12A	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEARNER, DANIEL MR.		NAME	A. PETER KRINGS	
STREET ADDRESS	1157 NORTH LAKE WAY		STREET ADDRESS	3300 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROZIER, LYDIA MS.		NAME	MARK MONTGOMERY	
STREET ADDRESS	4200 SOUTH OCEAN BOULEVARD		STREET ADDRESS	251 ROYAL PALM WAY, SUITE 400	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUSKIN, BARNETTE MS.		NAME	DONNA MULHOLLAND	
STREET ADDRESS	525 SOUTH FLAGLER DRIVE		STREET ADDRESS	3100 SOUTH OCEAN BLVD, #204S	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODLEY, LORI A MS.		NAME	JAMES V. TIGANI, JR.	
STREET ADDRESS	236 COSTELLO ROAD		STREET ADDRESS	940 NORTH LAKE WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIEMAN, FRED MR.		NAME	ETHEL ISAACS WILLIAMS	
STREET ADDRESS	3390 SOUTH OCEAN BOULEVARD		STREET ADDRESS	2655 NORTH OCEAN DRIVE, #502	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		A. PETER KRINGS		DIRECTOR 4/28/06 561.472.9160x203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



04102006 Chg-NP CR2E037 (11/05)