


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 007 ****70.00

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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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

03142007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0417842

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEED, LARRY
2330 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEELE, TRENT MR.	
STREET ADDRESS	2097 SE OCEAN BLVD 8902 BRIDGE RD.	
CITY-ST-ZIP	STUART, FL 34996 HOBE SOUND, FL 33455	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LERNER, DANIEL MR.	
STREET ADDRESS	1157 NORTH LAKE WAY	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROZIER, LYDIA MS.	
STREET ADDRESS	4200 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRUSKIN, KEN	
STREET ADDRESS	525 SOUTH FLAGLER DRIVE SUITE 12A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRINGS, A. PETER	
STREET ADDRESS	3300 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHEIMAN, FRED MR	
STREET ADDRESS	3390 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	PALM BEACH, FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN DEYERMOND - MEISENZAHL	
STREET ADDRESS	335 SOUTH COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID DODSON	
STREET ADDRESS	1411 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MONTGOMERY	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA MULHOLLAND	
STREET ADDRESS	3100 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES TIGANI	
STREET ADDRESS	940 NORTH LAKE WAY	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETHEL ISAACS WILLIAMS	
STREET ADDRESS	2655 NORTH OCEAN DRIVE	
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: *Larry Leed* **LARRY LEED, C.O.O** **3/19/07** **561-472-9160 x 203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #