	PLEASE READ	ALL INST	<u> </u>	BEFORE (COMPLET	ING THIS FORM AFPBOVE	. 04 1812	
APP Pane)	A DEPARTMENT Sandra B. Mor Secretary of Secr	tham State		AYB	ro.	
DOCH	MENT # N96000			97 OCT 31 AM II: 22				
1. Corporation Name COMMUNITY CONCEPTS FOUNDATION, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Piace of Business 10691 SANTA LAGUNA DRIVE BOCA RATON FL 33428		Malling Address 10691 SANTA LAGUNA DRIVE BOCA RATON FL 33428						
2. New Princ	dresses are incorrect in any way, line thre cipal Office Address, If Applicable		ugh incorrect information and enter correct. 3. New Mailing Office Address, If App		Date Incorporated or Qualified To Do Business in Florida 08/23/1996			
Suite, Apt. #, etc. Chy & State		Suite, Apt. #, etc. City & State			5. FEI Numbe	5. FEI Number Applied For 31 - 1476557 Not Applicable		
Zip	p Country		Zip Count		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
7. Names an	d Street Addresses of Each Officer and/ Name of Officers	or Director (Flo	· · · · · · · · · · · · · · · · · · ·					
THIE(E) 2 and/or Directors RESIDENT STEVEN F. COHEN			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I CANDLESTICK DR.,		r	4 City/SI LUTHER VILLE,	MJ 21093	
DIR. C.A. ANTHONY			104 E. CA.	MINO REA	L BOCA RATON, FL 33432			
DIR. L. ROLAND STURM			10715 CHARTER. STE. 200					
DIR IVO ABRAHAM, PH.D.		LD.	2711 GRAY FOX TR		AIL	CHARLOTTESVI	LE, VA22901	
						A MAUR		
Name and Address of Current Registered Agent			ent	9. Name and Address of New Registered Agent				
LICHTENSTEIN, CHARLES					NA			
3003 PORTOFINO ISLE APT K-1 COCONUT CREEK FL 33066				Street Address (P.O. Box Number is Not Acceptable)				
• • • • • • • • • • • • • • • • • • • •		Suite, Apt. #, Etc						
40 6 6			andian and familian w		blications of Cool	FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with Signature of Registered Agent Lichtenstein REGISTERED AGENT MUST SIGN				in and accept the o	Date 10/29/91			
	s corporation owes or hangible Personal Propert	as paid th	e current yea	ar THERE W	No X	RCONAL INTANGIE W 1/1/47 . (See other side on inter	LE PROPERTY le for information ligible tax.)	
12. I certify th this reinsta	nat I am an officer of director or the receivatement application, the reason for dissone to corporation have been paid and the replication is true and accurate, and my signification is true and accurate, and my signification is true and accurate.	ver or trustee el lution has been names of Individ	mpowered to execute eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 or 617.0	401, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED ORDERINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/29/97 561-947-6500

Daytime Phone #



pg. 2012

October 29, 1977

Florida Department of State Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314-6327

RE: Community Concepts Foundation, Inc. N96000004457

To Whom It May Concern:

Per the instruction of "Leslie" of your office I am enclosing the Application for Reinstatement accompanied by a check in the amount of \$61.25. I appreciate the consideration as to waiving the reinstatement fee.

As a recently formed non-profit 501(c)(3) organization we relocated our offices from Coral Springs to Boca Raton. We did not receive the original application and apologize for the oversight in not filing the appropriate form.

Steps have been taken to assure that this will not reoccur.

Thank you for your consideration.

Cordially,

Steven F. Cohen

Note Change: Community Group 10691 Santa Laguna Drive Boca Raton, Florida 33428 Ph/FX 591-947-6500/477-0308