

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90044 030 \*\*\*\*61.25

**DOCUMENT # N96000004457**

1. Entity Name

**COMMUNITY CONCEPTS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

705 SE 2ND CT  
 FT LAUDERDALE FL 33301

10691 SANTA LAGUNA DRIVE  
 BOCA RATON FL 33428-1208

2. Principal Place of Business

**3042 N. FEDERAL HWY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

4. FEI Number

**31-1476557**

Applied For

Not Applicable

Zip **33306**

Country **(BRUNAR)**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LICHTENSTEIN, CHARLES**  
**3003 PORTOFINO ISLE APT K-1**  
**COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent

Name **SANDRA B. COHEN**

Street Address (P.O. Box Number is Not Acceptable)  
**10691 SANTA LAGUNA DR.**

City **BOCA RATON**

FL

Zip Code **33428**

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.

SIGNATURE *Sandra B Cohen*

**SANDRA B. COHEN**

**1/7/2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P**  Delete  
 NAME **COHEN, STEVEN F**  
 STREET ADDRESS **1 CANDESTICK DRIVE**  
 CITY-ST-ZIP **LUTHERVILLE MD 21093**

TITLE **D**  Delete  
 NAME **ANTHONY, C.A.**  
 STREET ADDRESS **104 E. CAMINO REAL**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D**  Delete  
 NAME **STURM, L. ROLAND**  
 STREET ADDRESS **10715 CHARTER DRIVE, SUITE 200**  
 CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **D**  Delete  
 NAME **ABRAHAM, IVO PH.D.**  
 STREET ADDRESS **2711 GRAY FOX TRAIL**  
 CITY-ST-ZIP **CHARLOTTESVILLE VA 22901**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(P/D)**  Change  Addition  
 NAME **COHEN STEVEN F**  
 STREET ADDRESS **10691 SANTA LAGUNA DR.**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **(D)**  Change  Addition  
 NAME **JAY EISENBERG**  
 STREET ADDRESS **9128 W. SAMPLE RD**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra B Cohen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/2000** **954-630-0560**  
 Date Daytime Phone #

CP20007 1999