

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2007
Secretary of State**

DOCUMENT# N96000004457

Entity Name: COMMUNITY CONCEPTS FOUNDATION, INC.

Current Principal Place of Business:

8400 N. UNIVERSITY DRIVE
SUITE 100
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

10691 SANTA LAGUNA DRIVE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 31-1476557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, SANDRA B
10691 SANTA LAGUNA DR
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, STEVEN F
Address: 10691 SANTA LAGUNA DR
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Delete
Name: ANTHONY, C.A.
Address: 104 E. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: STURM, L. ROLAND
Address: 10715 CHARTER DRIVE, SUITE 200
City-St-Zip: COLUMBIA, MD 21044

Title: D () Delete
Name: EISENBERG, JAY
Address: 9728 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN F COHEN

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date