

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002563

FILED
Sep 01, 2009
Secretary of State

Entity Name: CARE COMMUNITY CENTER, INC.

Current Principal Place of Business:

6520 PEMBROKE RD
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

1503 SW 161ST AVE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-1117256 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, DAFTON
1503 SW 161ST AVE
PEMBROKE PINES, FL 33025 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: JAMES, DAFTON
Address: 1503 SW 161 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: REID, PANSY
Address: 18135 NW 6 AVE
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: KING, PETER
Address: 2161 BAYBERRY DR
City-St-Zip: PEMBROOKE PINES, FL 33024

Title: S () Delete
Name: JOHNSON, MARILYN
Address: 6411 W FALCONS LEE DR
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: JAMES, ODANE
Address: 1503 SW 161 AVE
City-St-Zip: PEMBROOKE PINES, FL 33025

Title: D () Delete
Name: NELSON, EULA
Address: 3961 NW 34TH AVE
City-St-Zip: LAUDERDALE LKS, FL 33309

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:

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

Title: D (X) Change () Addition
Name: NELSON, EULA
Address: 4699 NORTH SR 7 SUITE Z
City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify 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: DAFTON JAMES

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date