

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001502

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** THE INSTITUTE FOR COMMUNITY COLLABORATION, INC.

**Current Principal Place of Business:**

3440 HOLLYWOOD BLVD STE 140  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3440 HOLLYWOOD BLVD STE 140  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 03-0446672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GOREN, SAM ESQ.  
3099 EAST COMMERCIAL BLVD.  
SUITE #200  
FT LAUDERDALE, FL 33308 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: S  
Name: SOSA, REBECA  
Address: 1000 SW 57TH AVENUE, SUITE 201  
City-St-Zip: MIAMI, FL 33144

Title: C  
Name: SUZANNE, GUNZBURGER  
Address: 115 SOUTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T  
Name: WALLACE, PAUL  
Address: 9155 SOUTH DADELAND BLVD, SUITE 1600  
City-St-Zip: MIAMI, FL 33156

Title: PC  
Name: SCUOTTO, JOSEPH  
Address: 10770 WEST OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33351

Title: VC  
Name: CARRUTHERS, HEATHER  
Address: 530 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: VERNON PAUL JR.

FD

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date