

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002563

Entity Name: CARE COMMUNITY CENTER, INC.

Current Principal Place of Business:

6452 PEMBROKE RD
MIRAMAR, FL 33023

Current Mailing Address:

6452 PEMBROKE RD
MIRAMAR, FL 33023

FEI Number: 65-1117256

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JAMES, DAFTON
1503 SW 161ST AVE
PEMBROKE PINES, FL 33025 US

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

Officer/Director Detail :

Title PD
Name JAMES, DAFTON
Address 1503 SW 161 AVE
City-State-Zip: PEMBROKE PINES FL 33025

Title S
Name REID, PANSY
Address 18135 NW 6 AVE
City-State-Zip: MIAMI FL 33169

Title S
Name JOHNSON, MARILYN
Address 6411 W FALCONS LEE DR
City-State-Zip: DAVIE FL 33331

Title D
Name JAMES, ODANE
Address 1503 SW 161 AVE
City-State-Zip: PEMBROOKE PINES FL 33025

Title D
Name NELSON, EULA
Address 4699 NORTH SR 7 SUITE Z
City-State-Zip: TAMARAC FL 33319

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: ODANE JAMES

DIRECTOR

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date