FILE NOW: FILING FEE AFTER MAY 1 IS $185.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726004 (5)

1. Corporation Name

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1612 E. COLONIAL DRIVE ORLANDO FL 32803-4804	1612 E. COLONIAL DRIVE ORLANDO FL 32803-4804

3. Date Incorporated or Qualified: 04/05/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1371754 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt #, etc		Suite, Apt #, etc	
22		27	
City & State		City & State	
23		28	
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARDY, W. MARVIN, III LANDMARK CENTER TWO STE 450, 225 E. ROBINSON ST. ORLANDO FL 32802	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	VCD	XX Change ☐ Addition
NAME	PINELLAS, ANNA	12 NAME	PINELLAS, ANNA M.	
STREET ADDRESS	17 S VERNON ST	13 STREET ADDRESS	17 S. Vernon Street	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	Kissimmee, FL	
TITLE	CD	21 TITLE		XX Change ☐ Addition
NAME	CLOYD, RICHARD	22 NAME		
STREET ADDRESS	107 SPRING VALLEY LOOP	23 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MOORE, LEE	32 NAME		
STREET ADDRESS	2456 MELLONVILLE AVE	33 STREET ADDRESS		
CITY ST ZIP	SANFORD FL	34 CITY ST ZIP		
TITLE	VCD	41 TITLE	CD	XX Change ☐ Addition
NAME	SHAUGHNESSY, LINDA	42 NAME	SHAUGHNESSY, LINDA	
STREET ADDRESS	688 VISCAYA AVE	43 STREET ADDRESS	688 Viscaya Avenue	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	Orlando, FL	
TITLE		51 TITLE	SD	☐ Change XX Addition
NAME		52 NAME	ORR, ANDREW	
STREET ADDRESS		53 STREET ADDRESS	611 E. Amelia, Apt. #8	
CITY ST ZIP		54 CITY ST ZIP	Orlando, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna M. Pinellas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004140