

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 6-3-96

B-6082-C

DOCUMENT # 726004 (5)  
1. Corporation Name  
COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1973		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1371754		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HARDY, W. MARVIN, III LANDMARK CENTER TWO STE 450, 225 E. ROBINSON ST. ORLANDO FL 32802				10. Name and Address of New Registered Agent			
				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	CD
NAME	PINELLAS, ANNA	1.2 NAME	Pinellas, Anna
STREET ADDRESS	17 S VERNON ST	1.3 STREET ADDRESS	17 S. Vernon Street
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, Florida
TITLE	CD	2.1 TITLE	SD
NAME	CLOYD, RICHARD	2.2 NAME	Burgay, Patricia
STREET ADDRESS	107 SPRING VALLEY LOOP	2.3 STREET ADDRESS	1583 Waterwitch Drive
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Orlando, Florida
TITLE	TD	3.1 TITLE	VCD
NAME	MOORE, LEE	3.2 NAME	Moore, Lee
STREET ADDRESS	2456 MELLONVILLE AVE	3.3 STREET ADDRESS	2456 Mellonville Avenue
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Sanford, Florida
TITLE	CD	4.1 TITLE	PCD
NAME	SHAUGHNESSY, LINDA	4.2 NAME	Shaughnessy, Linda
STREET ADDRESS	668 VISCAYA AVE	4.3 STREET ADDRESS	668 Viscaya Avenue
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, Florida
TITLE	SD	5.1 TITLE	TD
NAME	ORR, ANDREW	5.2 NAME	Orr, Andrew
STREET ADDRESS	611 E. AMELIA, APT. #8	5.3 STREET ADDRESS	611 E. Amelia, Apt. #8
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, Florida
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Pinellas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

847-1297  
Daytime Phone #

CR2E037 (12/95)