

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 10 1997 8:00am  
Secretary of State

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1612 E. Colonial Dr. Suite, Apt. #, etc. 22 City & State 23 Orlando, Florida Zip 24 32803 Country 25 USA		2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/05/1973 3a. Date of Last Report 06/03/1996 4. FEI Number 59-1371754 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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	CD <del>DELETED</del>	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINELLAS, ANNA	1.2 NAME	Walker, Joyce
STREET ADDRESS	17 S VERNON ST	1.3 STREET ADDRESS	3336 Jon Jon Drive
CITY-ST-ZIP	KISSIMEE FL	1.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGAY, PATRICIA	2.2 NAME	
STREET ADDRESS	1583 WATERWATCH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LEE	3.2 NAME	Moore, Lee
STREET ADDRESS	2456 MELLONVILLE AVE	3.3 STREET ADDRESS	P.O. Box 8001 N/A
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Sanford, FL 32772-8001
TITLE	PCD <del>DELETED</del>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGHNESSY, LINDA	4.2 NAME	
STREET ADDRESS	688 VISCAYA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, ANDREW	5.2 NAME	Orr, Andrew
STREET ADDRESS	611 E. AMELIA, APT. #8	5.3 STREET ADDRESS	201 E. Pine Street, Suite 900
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

7/25/97 (457)228-6000

CR2E037 (4/97)

Dep 6.85