FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

726004

(5)

· Corporatio	III I ABILIO	` '			
COMMUNITY COORDINATED CARE FOR CHILDREN, INC.					
Principal Place of Business Mailing Address				c searri (sain 14610 mini nasili naiti Eidi Zuni ninit 24	Tiri Ardal Otoli Otore Lobi
1612 E. COLONIAL DRIVE 1612 E. COLONIAL DRIVE ORLANDO FL 32803-4804 ORLANDO FL 32803-4804				3. Date Incorporated or Qualified 04/05/1973	
				4. FEI Number	Applied For
				59-1371754	Not Applicable
2. Principal Place of Business 2a. (2a. Mailing Address			8.75 Additional
21 same 26 same		26 same		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	5.00 May Be
22		27		Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curren	
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Currer	11		10. Name and Address of New Registered Age	
81 Name					
HARDY, W. MARVIN, III			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
LANDMARK CENTER TWO			100		
STE 450, 225 E. ROBINSON ST.			83		
ORLANDO FL 32802			84 City	FL	IS Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-				corporation submits this statement for the purpose of ch	anging its registered
onice or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	or Florida. Such change was a ations of, Section 617.05 <mark>03, F</mark> lo	iutnorized by the corp irida Statutes.	oration's board of directors. I hereby accept the appoint	ment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		: Registered Agent signature r		2525252
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	Change Addition
TITLE	TD		1.1 TITLE	Secretary	
NAME	WALKER, JOYCE		1.2 NAME	Walker, Joyce (Sessoms-marr	ied name)
STREET ADDRESS	3336 JON JON DRIVE		1.3 STREÈT ADDRESS	3336 Jon Jon Drive Orlando, FL 32822	•
CITY-ST-ZIP TITLE	ORLANDO FL 32822	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	S D	LJ DECENE	2.2 NAME	Vice-Chairman Elect - D Kl Burgay, Patricia	Ondrigo realism
STREET ADDRESS	BURGAY, PATRICIA 1583 WATERWITCH DR		2.3 STREET ADDRESS	1583 Waterwithch Dr.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D C	XX DELETE	3.1 TITLE		Change Addition
NAME	MOORE, LEE		3.2 NAME		. –
STREET ADDRESS	P.O. BOX 8001 N A		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32772-8001		3.4. CITY-ST-ZIP		
TITLE	VPDC	☐ DELETE	4.1 Trile	(i) A	Change
NAME	ORR, ANDREW		4. 2 NAME	Chairma n- D Orr, Andrew	
STREET ADDRESS	201 EAST PINE STREET, SUIT	E 900	4.3 STREET ADDRESS		900
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY+ST-ZIP	201 E. Pine Street, SUite Orlando, FL 32801	300
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	Doby, Michael	
STREET ADDRESS			5.9 STREET ADDRESS	475 West Story Road	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Ocoee, FL 34761	
TITLE		DELETE	6.1 TITLE		Change
NAME			6.2 NAME		

CITY-ST-ZIP 14. I hereby certify that the information subplied 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 suppliemental 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 of the receiver or trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Mar 16 1998 8:00am

Secretary of State