

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90021 016 ****61.25

DOCUMENT # 726004

1. Corporation Name

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

Principal Place of Business

1612 E. COLONIAL DRIVE
ORLANDO FL 32803-4804

Mailing Address

1612 E. COLONIAL DRIVE
ORLANDO FL 32803-4804



2. Principal Place of Business

21 3500 W. Colonial DR

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24 32808 25 USA

2a. Mailing Address

26 3500 W. Colonial DR

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 32808 30 USA

3. Date Incorporated or Qualified

04/05/1973

4. FEI Number

59-1371754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

TITLE SD ☒ DELETE

NAME WALKER, JOYCE

STREET ADDRESS 3336 JON JON DR

CITY-ST-ZIP ORLANDO FL 32822

TITLE VCD ☐ DELETE

NAME BURGAY, PATRICIA

STREET ADDRESS 1583 WATERWITHCH DR

CITY-ST-ZIP ORLANDO FL

TITLE DC ☒ DELETE

NAME ORR, ANDREW

STREET ADDRESS 201 E PINE ST SUITE 900

CITY-ST-ZIP ORLANDO FL 32801

TITLE TD ☐ DELETE

NAME DOBY, MICHAEL

STREET ADDRESS 475 W STORY RD

CITY-ST-ZIP OCOEE FL 34761

TITLE SD ☐ DELETE

NAME ASHBY, KIMBERLY

STREET ADDRESS 255 S. ORANGE AVE

CITY-ST-ZIP ORLANDO, FL 32801

TITLE TD ☐ DELETE

NAME MARLIN, CHRIS

STREET ADDRESS 2 S. ORANGE AVE.

CITY-ST-ZIP ORLANDO, FL 32801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DC ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VCD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99

Daytime Phone #

CR2E037 (11/98)