

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726004

FILED
Mar 05, 2004
Secretary of State**Entity Name:** COMMUNITY COORDINATED CARE FOR CHILDREN, INC.**Current Principal Place of Business:**3500 W COLONIAL DR
ORLANDO, FL 32808 US**New Principal Place of Business:****Current Mailing Address:**3500 W COLONIAL DR
ORLANDO, FL 32808 US**New Mailing Address:****FEI Number:** 59-1371754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARDY, W. MARVIN, III
LANDMARK CENTER TWO
STE 450, 225 E. ROBINSON ST.
ORLANDO, FL 32802 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: ALLEN-THOMA, CATHERINE
Address: 8701 ELLESMERE PL
City-St-Zip: ORLANDO, FL 32836**Title:** VCD () Delete
Name: CURTIS, CATHERINE
Address: 1010 N. ORLANDO AVENUE SUITE -A
City-St-Zip: WINTER PARK, FL 32789**Title:** MD () Delete
Name: FRANK, PATRICIA E
Address: 5958 WALLACE DRIVE
City-St-Zip: ORLANDO, FL 32807**Title:** TD () Delete
Name: PRYOR, DEE ANNA
Address: 1031 W. MORSE BLVD SUITE- 200
City-St-Zip: WINTER PARK, FL 32789**Title:** PD () Delete
Name: DUKES, DOROTHY
Address: 108 SOUTH ORTMAN DRIVE
City-St-Zip: ORLANDO, FL 32805**Title:** SD () Delete
Name: WILEY, SHARON
Address: 4882 S. SEMORAN BLVD UNIT - 1401
City-St-Zip: ORLANDO, FL 32822**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CD (X) Change () Addition
Name: PRYOR, DEE ANNA
Address: 1031 W. MORSE BLVD SUITE 200
City-St-Zip: WINTER PARK, FL 32789 US**Title:** VCD (X) Change () Addition
Name: REGULES, PETER
Address: 3334 BISHOP PARK DRIVE #538
City-St-Zip: WINTER PARK, FL 32792 US**Title:** MD (X) Change () Addition
Name: FRANK, PATRICIA E
Address: 5958 WALLACE DRIVE
City-St-Zip: ORLANDO, FL 32807 US**Title:** TD (X) Change () Addition
Name: HOLLERBACH, LINDA
Address: 1432 LANTRY COURT
City-St-Zip: ORLANDO, FL 32804 US**Title:** PD (X) Change () Addition
Name: DUKES, DOROTHY
Address: 108 SOUTH ORTMAN DRIVE
City-St-Zip: ORLANDO, FL 32805 US**Title:** SD (X) Change () Addition
Name: WILEY, SHARON
Address: 4882 S. SEMORAN BLVD UNIT - 1401
City-St-Zip: ORLANDO, FL 32822 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA E. FRANK

MD

03/05/2004

Electronic Signature of Signing Officer or Director

Date