

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726004

FILED  
Mar 25, 2008  
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 ESQ.  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 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: REGULES, PETE  
Address: 106 LONGHORN RD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: VCD ( ) Delete  
Name: WALL, SCOTT  
Address: 420 SOUTH ORANGE AVENUE, SUITE 300  
City-St-Zip: ORLANDO, FL 32801 US

Title: MD ( ) Delete  
Name: FRANK, PATRICIA E  
Address: 3500 W. COLONIAL DR  
City-St-Zip: ORLANDO, FL 32808 US

Title: TD ( ) Delete  
Name: JARVIS, BARBARA  
Address: 2053 WOODY DR.  
City-St-Zip: WINDERMERE, FL 34786 US

Title: PD ( ) Delete  
Name: GALLAGHER, COLLEEN  
Address: 3500 W. COLONIAL DR  
City-St-Zip: ORLANDO, FL 32808 US

Title: SD ( ) Delete  
Name: FOWLER, KEVIN  
Address: 111 N. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32802 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: WALL, SCOTT  
Address: 420 S. ORANGE AVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32801 US

Title: VCD (X) Change ( ) Addition  
Name: TERRY, JOE  
Address: 800 N MAGNOLIA AVE, 9TH FLOOR  
City-St-Zip: ORLANDO, FL 32803 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 FRANK

MD

03/25/2008

Electronic Signature of Signing Officer or Director

Date