

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726004

FILED
Mar 24, 2009
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: WALL, SCOTT
Address: 420 S. ORANGE AVE, SUITE 300
City-St-Zip: ORLANDO, FL 32801 US

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

Title: VCD (X) Change () Addition
Name: CASTINO, STEVE
Address: 201 E. PINE STREET, SUITE 801
City-St-Zip: ORLANDO, FL 32801 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 E. FRANK

MD

03/24/2009

Electronic Signature of Signing Officer or Director

Date