

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726004

FILED  
Mar 17, 2010  
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:**

HARDY, W. MARVIN III LLC  
1209 BELLEAIRE CIRCLE  
ORLANDO, FL 32804 US

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: W. MARVIN HARDY

03/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VCD  
Name: CASTINO, STEVE  
Address: 201 E. PINE STREET, SUITE 801  
City-St-Zip: ORLANDO, FL 32801 US

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

Title: SD  
Name: JARVIS, BARBARA  
Address: 2053 WOODY DR.  
City-St-Zip: WINDERMERE, FL 34786 US

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

Title: TD  
Name: OLIVER, ALLEN  
Address: 5441 BIRCHBEND LOOP  
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA FRANK

MD

03/17/2010

Electronic Signature of Signing Officer or Director

Date