

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726004

FILED
Apr 22, 2011
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 LLC
1209 BELLEAIRE CIRCLE
ORLANDO, FL 32804 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
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: VPD
Name: FRANK, PATRICIA E
Address: 3500 W. COLONIAL DR
City-St-Zip: ORLANDO, FL 32808 US

Title: SD
Name: TERRY, JOE
Address: 800 N MAGNOLIA AVE-9TH FLOOR
City-St-Zip: ORLANDO, FL 32803 US

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

Title: TD
Name: BUTLER, ALVIN
Address: 20 N. ORANGE AVENUE-SUITE 804
City-St-Zip: ORLANDO, FL 32801 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 E FRANK

VPD

04/22/2011

Electronic Signature of Signing Officer or Director

Date