


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90066 039 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N02000000146</b><br>1. Entity Name<br><b>COMMUNITY CARE FAMILY BEHAVIORAL HEALTH, INC.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>725 NORTH 12 TH AVE<br/>ARCADIA, FL 34266</b>   |   |  | Mailing Address<br><b>725 NORTH 12TH AVENUE<br/>ARCADIA, FL 34266</b> |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country                                       | Zip  | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                           |   |  |
| <b>CETIN, KEN<br/>6231 AVENTURA DRIVE<br/>SARASOTA, FL 34241</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City    |   |  |
|   |   |  | <b>FL</b> Zip Code  |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                 |   |  |
| TITLE   | D <input type="checkbox"/> Delete             |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | CETIN, KEN                                    |  | NAME  |   |  |
| STREET ADDRESS  | 6231 AVENTURA DRIVE                           |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | SARASOTA, FL 34241                            |  | CITY - ST - ZIP   |   |  |
| TITLE   | TD <input type="checkbox"/> Delete            |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | BUCKRIDGE, MYRNA                              |  | NAME  |   |  |
| STREET ADDRESS  | 1110 EAST GIBSON STREET                       |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | ARCADIA, FL 34266                             |  | CITY - ST - ZIP   |   |  |
| TITLE   | TD <input checked="" type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | NICOLE SETLIFF                                |  | NAME  |   |  |
| STREET ADDRESS  | 1110 EAST GIBSON STREET                       |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | ARCADIA, FL 34266                             |  | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete               |  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME  |   |  | NAME  | TD<br>DONNA M. HURST  |  |
| STREET ADDRESS  |   |  | STREET ADDRESS  | 1110 E GIBSON STREET  |  |
| CITY - ST - ZIP   |   |  | CITY - ST - ZIP   | ARCADIA, FL 34266   |  |
| TITLE   | <input type="checkbox"/> Delete               |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |   |  | NAME  |   |  |
| STREET ADDRESS  |   |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |   |  | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete               |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |   |  | NAME  |   |  |
| STREET ADDRESS  |   |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |   |  | CITY - ST - ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date <b>863-494-1242</b><br><small>Daytime Phone #</small>            |   |  |