


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90076 001 \*\*\*\*70.00

**DOCUMENT # N02000001502**

1. Entity Name  
**THE INSTITUTE FOR COMMUNITY COLLABORATION, INC.**



Principal Place of Business  
**3440 HOLLYWOOD BLVD STE 140  
 HOLLYWOOD, FL 33021**

Mailing Address  
**3440 HOLLYWOOD BLVD STE 140  
 HOLLYWOOD, FL 33021**

94038750



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03152004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**GOREN, SAM ESQ.  
 3099 EAST COMMERCIAL BLVD.  
 SUITE #200  
 FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEUGENT, GEORGE	
STREET ADDRESS	25 SHIPS WAY	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIESCO, JOSE A	
STREET ADDRESS	2801 PONCE DE LEON BLVD STE 1000	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CARLTON	
STREET ADDRESS	100 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ILENE	
STREET ADDRESS	GOVN'T CENTER 115 S ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLYNN, MICHAEL	
STREET ADDRESS	17701 BISCAYNE BLVD., STE. 200	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Rice	
STREET ADDRESS	9400 Overseas Highway, Suite 210	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:** Camp A. Deke **3-24-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #