


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90060 047 ****61.25

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

40061100



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0446672

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 *Sam Esq Goren* DATE **2/9/05**

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, 2005**

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 type="checkbox"/> Delete
NAME	RICE, DAVID	
STREET ADDRESS	9400 OVERSEAS HWY, SUITE 210	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	D	<input checked="" 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	GOV'NT 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sorenson, Katy	
STREET ADDRESS	Miami-Dade Commission	
CITY-ST-ZIP	111 N.W. 1st Street, Ste. 220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miami, FL 33128	
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: *Vernon Paul* DATE: **2/4/2005** (954) 985-4416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR