

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 046 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 03-0446672	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GOREN, SAM ESQ. 3099 EAST COMMERCIAL BLVD. SUITE #200 FT LAUDERDALE, FL 33308			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 <i>Sammy Gore</i>			DATE 4/2/07				
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICE, DAVID		NAME	ASSEFF, PATRICIA B			
STREET ADDRESS	9400 OVERSEAS HWY, SUITE 210		STREET ADDRESS	950 SOUTH SOUTHLAKE DR			
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP	HOLLYWOOD, FL 33019			
TITLE	T	<input type="checkbox"/> Delete	TITLE	VICE CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASSEFF, PATRICIA B		NAME	PEREZ, MARTA			
STREET ADDRESS	950 SOUTH SOUTHLAKE DR		STREET ADDRESS	1450 NE 2ND AVE #700			
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	MIAMI, FL 33132			
TITLE	S	<input type="checkbox"/> Delete	TITLE	IMMEDIATE PAST CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, MARTA		NAME	BLYNN, MICHAEL			
STREET ADDRESS	1450 NE 2ND AVE #700		STREET ADDRESS	15516 BISCAYNE BLVD			
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162			
TITLE	IPC	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIEBERMAN, ILENE		NAME	WALTERS, SANDRA			
STREET ADDRESS	GOVNT CENTER 115 S ANDREWS AVE.		STREET ADDRESS	6410 5TH STREET, SUITE 3			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP	KEY WEST, FL 33040			
TITLE	C	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLYNN, MICHAEL		NAME	SCUOTTO, JOSEPH			
STREET ADDRESS	15516 BISCAYNE BLVD		STREET ADDRESS	10770 WEST OAKLAND PARK BLVD			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	SUNRISE, FL 33351			
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 exemptions contained in Chapter 119, 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: <i>Patricia B. Asseff</i>			Date 4/2/2007				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				

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