


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 025 ****70.00

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



40020734



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 #
 Suite, Apt. #, etc.

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

01242008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTERS, SANDRA 6410 5TH STREET, SUITE 3 KEY WEST, FL 33040	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ASSEFF, PATRICIA B 950 SOUTH SOUTHLAKE DR HOLLYWOOD, FL 33019	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PEREZ, MARTA 1450 NE 2ND AVE #700 MIAMI, FL 33132	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BLYNN, MICHAEL 15516 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCUOTTO, JOSEPH 10770 WEST OAKLAND PARK BLVD SUNRISE, FL 33351	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-CHAIR WALTERS, SANDRA 6410 5TH STREET, SUITE 3 KEY WEST, FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST-CHAIR ASSEFF, PATRICIA B 950 SOUTH SOUTHLAKE DR HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR PEREZ, MARTA 1450 NE 2ND AVE #700 MIAMI, FL 33132	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SCUOTTO, JOSEPH 10770 WEST OAKLAND PARK BLVD SUNRISE, FL 33351	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHERNOFF, JAY R 17011 N.E. 19TH AVENUE NORTH MAIMI BEACH, FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Marta Perez Date: 2/4/2008 Daytime Phone #: 305-995-2794