2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N02000001502**

1. Entity Name
THE INSTITUTE FOR COMMUNITY COLLABORATION,



FILED	
Feb 08, 2008 8	3:00 am
Secretary of	
02-08-2008 90029 025 *	

			100 81			
Principal Place 3440 HOLLY HOLLYWOOD	WOOD BLVD STE 140	Mailing Address 3440 HOLLYWOOD BLVD HOLLYWOOD, FL 33021			I	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		01242008 Chg-NP CR2E037 (12/06)				
City & State	9	City & State		4. FEI Number Applied Fo 03-0446672 Not Applie		
Zip	Country	Zip	Country	Country 5. Certificate of Status Desired 7 \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent		
		-	Name			
GOREN, SAM ESQ. 3099 EAST COMMERCIAL BLVD. SUITE #200		Street A	Street Address (P.O. Box Number is Not Acceptable)			
	RDALE, FL 33308					
			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.						
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SIGNATURE .	in the second se					
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signal	ature required when reinstating) DATE	٠,	
				· · · · · · · · · · · · · · · · · · ·	40	
: '	Filing Fee is \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Make check payable to	~,	
ļ	Due by May 1, 2008	Trust Fund Co	пиньиноп.	Added to Fees Florida Department of State	229 4738 2007	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T" ""	☐ Delete	TITLE	VICE-CHAIR ∴ : Change ☐ Add	dition	
NAME	WALTERS, SANDRA		NAME	WALTERS, SANDRA		
STREET ADDRESS	6410 5TH STREET, SUITE 3		STREET ADDRESS	6410 5TH STREET, SUITE 3		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	С	☐ Delete	TITLE	PAST-CHAIR	dition	
NAME	ASSEFF, PATRICIA B		NAME	ASSEFF, PATRICIA B		
STREET ADDRESS	950 SOUTH SOUTHLAKE DR		STREET ADDRESS	950 SOUTH SOUTHLAKE DR		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	vc	☐ Delete	TITLE	CHAIR	dition	
NAME	PEREZ, MARTA		NAME	PEREZ, MARTA		
STREET ADDRESS	1450 NE 2ND AVE #700		STREET ADDRESS	1400 NE ZNO AVE #700		
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	MIAMI, FL 33132		
TITLE	PC	✓ Delete	TITLE	TREASURER	dition	
NAME	BLYNN, MICHAEL		NAME STREET ADDRESS	SCUOTTO, JOSEPH		
STREET ADDRESS CITY-ST-ZIP	15516 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	10770 WEST CARBAND! ARRESEVE		
	,	•	•	SUNRISE, FL 33351		
TITLE	SCUOTTO, JOSEPH	Delete	TITLE NAME	SECRETARY CHARGE AND	urion	
NAME STREET ADDRESS	10770 WEST OAKLAND PARK BL	VD	STREET ADDRESS	CHERNOFF, JAY R 17011 N.E. 19TH AVENUE		
CITY-\$1-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	NORTH MAIMI BEACH, FL 33162		
		☐ Delete	TITLE	Change Ad	dition	
- TITLE NAME	Bronder Str		NAME.		rainon	
STREET ADDRESS		end july of	STREET ADDRESS			
- CITY-ST-ZIP			CITY+ST-ZIP			
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR