## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004722

Entity Name: FOUNDATION FOR COMPREHENSIVE COMMUNITY CARE, INC.

FILED Apr 09, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 **Current Mailing Address: New Mailing Address:** P.O. BOX 18887 WEST PALM BEACH, FL 33416 FEI Number: 51-0417842 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEED, LARRY 2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BONNET, YOLETTE MS. STEELE, TRENT MR. Name: Name: 2330 SOUTH CONGRESS AVENUE Address: 3300 PGA BOULEVARD Address: City-St-Zip: WEST PALM BEACH, FL 33406 US City-St-Zip: PALM BEACH GARDENS, FL 33410 US Title: Title: (X) Change ( ) Addition ( ) Delete LEED, LARRY MR. Name: ELHILOW, BRETT MR. Name: Address: 2330 SOUTH CONGRESS AVENUE Address: 220 GRAY STREET City-St-Zip: WEST PALM BEACH, FL 33416 US City-St-Zip: WEST PALM BEACH, FL 33405 US Title: () Delete Title: (X) Change ( ) Addition EPSTEIN, JEANNE MS. CROZIER, LYDIA MS. Name: Name: 2330 SOUTH CONGRESS AVENUE 4200 SOUTH OCEAN BOULEVARD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33416 US City-St-Zip: PALM BEACH, FL 33480 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: DRUSKIN, BARNETTE MS. 525 SOUTH FLAGLER DRIVE Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: ( ) Change (X) Addition GOLD, DELAYNE MS. Name: Name: 529 SOUTH FLAGLER DRIVE Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: ( ) Change (X) Addition SCHEIMAN, ANJETTE MS. Name: Name: Address: Address: 3390 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRENT STEELE PD 04/09/2004