

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90169 007 ****70.00

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1. Entity Name
**FOUNDATION FOR COMPREHENSIVE COMMUNITY
CARE, INC.**



Principal Place of Business
**2330 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406**

Mailing Address
**P.O. BOX 18887
WEST PALM BEACH, FL 33416**

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

03142007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0417842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEED, LARRY
2330 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☐ Delete
NAME STEELE, TRENT MR.
STREET ADDRESS ~~2097 SE OCEAN BLVD~~ **8902 BRIDGE RD.**
CITY-ST-ZIP ~~STUART, FL 34996~~ **HOBE SOUND, FL 33455**

TITLE VD ☐ Delete
NAME LERNER, DANIEL MR.
STREET ADDRESS 1157 NORTH LAKE WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE SD ☐ Delete
NAME CROZIER, LYDIA MS.
STREET ADDRESS 4200 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☐ Delete
NAME DRUSKIN, KEN
STREET ADDRESS 525 SOUTH FLAGLER DRIVE SUITE 12A
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☐ Delete
NAME KRINGS, A. PETER
STREET ADDRESS 3300 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE TD ☐ Delete
NAME SCHEIMAN, FRED MR
STREET ADDRESS 3390 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH, FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME JEAN DEYERMOND - MEISENZAHN
STREET ADDRESS 335 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☐ Change ☒ Addition
NAME DAVID DODSON
STREET ADDRESS 1411 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☐ Change ☒ Addition
NAME MARK MONTGOMERY
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☐ Change ☒ Addition
NAME DONNA MULHOLLAND
STREET ADDRESS 3100 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☐ Change ☒ Addition
NAME JAMES TIGANI
STREET ADDRESS 940 NORTH LAKE WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☐ Change ☒ Addition
NAME ETHEL ISAACS WILLIAMS
STREET ADDRESS 2655 NORTH OCEAN DRIVE
CITY-ST-ZIP RIVIERA BEACH, FL 33404

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: *Larry Leed* **LARRY LEED, C.O.O**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07 561-472-9160 x 203
Date Daytime Phone #