

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002086

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: COMMUNITY OPTIONS, INC.

## Current Principal Place of Business:

23208 NE COE RD.  
GRAND RIDGE, FL 32442

## New Principal Place of Business:

## Current Mailing Address:

23208 NE COE RD.  
GRAND RIDGE, FL 32442

## New Mailing Address:

FEI Number: 74-3041417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, SERSANDRA L  
23230 NE COE RD.  
GRAND RIDGE, FL 32442 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: BAKER, SERSANDRA L  
Address: 23208 NE COE RD.  
City-St-Zip: GRAND RIDGE, FL 32442

Title: VSD ( ) Delete  
Name: BAKER, TERRY  
Address: 23208 NE COE RD.  
City-St-Zip: GRAND RIDGE, FL 32442

Title: TD ( ) Delete  
Name: SMITH, DELPHINE  
Address: 24377 NE VICTORY LANE  
City-St-Zip: GRAND RIDGE, FL 32442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BAKER, SERSANDRA L  
Address: 23230 NE COE RD.  
City-St-Zip: GRAND RIDGE, FL 32442

Title: VSD (X) Change ( ) Addition  
Name: BAKER, TERRY  
Address: 23230 NE COE RD.  
City-St-Zip: GRAND RIDGE, FL 32442

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SERSANDRA BAKER

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date