

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90017 020 ****70.00

DOCUMENT # N03000007462

1. Entity Name

COMMUNITY CONCEPTS SERVICES, INC.



Principal Place of Business

5601 WEST VIEW DRIVE
ORLANDO FL 32810

Mailing Address

5601 WEST VIEW DRIVE
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

42-1602142

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHINN, TONI
5561 BLUE TICK DRIVE
ORLANDO FL 32810

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME SHINN, TONI ☐ Delete
STREET ADDRESS 5561 BLUE TICK DRIVE
CITY-ST-ZIP ORLANDO FL 32810

TITLE P
NAME Toni Shinn ☒ Change ☐ Addition
STREET ADDRESS 5561 Blue Tick Drive
CITY-ST-ZIP Orlando, FL 32810

TITLE V
NAME BARNES, JOHNNIE M ☐ Delete
STREET ADDRESS 5561 BLUE TICK DRIVE
CITY-ST-ZIP ORLANDO FL 32810

TITLE D
NAME Johnnie M. Barnes ☒ Change ☐ Addition
STREET ADDRESS 5561 Bluetick Drive
CITY-ST-ZIP Orlando, FL 32810

TITLE S ☒ Delete
NAME WASHINGTON, SHERRY
STREET ADDRESS 4266 COLUMBIA ST APT 3
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME STOKES, JUDITH
STREET ADDRESS 4820 CORKWOOD LANE
CITY-ST-ZIP ORLANDO FL 32808

TITLE ST ☒ Change ☐ Addition
NAME Judith Stokes
STREET ADDRESS 4820 Corkwood Ln
CITY-ST-ZIP Orlando, FL 32808

TITLE D ☐ Delete
NAME SIMMONS, ASTRID
STREET ADDRESS 3621 WESTGATE ST
CITY-ST-ZIP ORLANDO FL 32808

TITLE VP ☒ Change ☐ Addition
NAME ASTRID SIMMONS
STREET ADDRESS 3621 Westgate St.
CITY-ST-ZIP Orlando, FL 32808

TITLE D ☒ Delete
NAME CULBRETH, MICHELLE
STREET ADDRESS 6617 JOHN ALDEN WAY
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ Change ☒ Addition
NAME Sherry Williams
STREET ADDRESS 6240 Lynette Street
CITY-ST-ZIP Orlando, FL 32809

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 321-239-2281

Date

Daytime Phone #