


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007462 1. Entity Name COMMUNITY CONCEPTS SERVICES, INC.	
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Principal Place of Business
5601 WEST VIEW DRIVE
ORLANDO, FL 32810

Mailing Address
5601 WEST VIEW DRIVE
ORLANDO, FL 32810



04292006 No Chg-NP CR2E037 (4/06)

4. FEI Number 42-1602142	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHINN, TONI
5561 BLUE TICK DRIVE
ORLANDO, FL 32810

**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINN, TONI 5561 BLUE TICK DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JOHNNIE M 5561 BLUE TICK DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOKES, JUDITH 4820 CORKWOOD LANE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, ASTRID 3621 WESTGATE ST ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SHERRY 6240 LYNETTE ST. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000562331
05/19/06-80051-017 61.25

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-06 321 239 2281
Date Daytime Phone #