

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002955

FILED  
Sep 15, 2011  
Secretary of State

**Entity Name:** COMMUNITY CONCERN FOR CHILDREN & FAMILIES, INC.

**Current Principal Place of Business:**

1258 ALWARD ST.  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

21294 PEACHLAND BLVD  
PORT CHARLOTTE, FL 33954 US

**Current Mailing Address:**

P.O. BOX 380726  
MURDOCK, FL 339380726

**New Mailing Address:**

21294 PEACHLAND BLVD  
PORT CHARLOTTE, FL 33954 US

**FEI Number:** 20-8691432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VINCENT, LUC G  
1258 ALWARD ST.  
PORT CHARLOTTE, FL 33980 US

**Name and Address of New Registered Agent:**

CORVIL, JEAN-CLAUDE C REV.  
21294 PEACHLAND BLVD  
PORT CHARLOTTE, FL 33954 US

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: REV. JEAN-CLAUDE CORVIL

09/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPRS  
Name: CORVIL, JEAN C REV.  
Address: 21294 PEACHLAND BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: VPBM  
Name: BAPTISTE, WILNER  
Address: 2426 BEACON DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: SCBM  
Name: BARJONA, RICHARD-ETIENN  
Address: 20192 VANGUARD TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: BM  
Name: BAPTIST, MARIE CAROLE  
Address: 2426 BEACON DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: BM  
Name: JOZIL, JEAN M  
Address: 26062 QUITO DR  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: BM  
Name: ANISE, JEANNE M  
Address: 26169 MADROS CT  
City-St-Zip: PUNTA GORGA, FL 33983 US

I hereby 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 all other like empowered.

SIGNATURE: REV. JEAN-CLAUDE CORVIL

CPRS

09/15/2011

Electronic Signature of Signing Officer or Director

Date