

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005528

FILED
Jan 17, 2010
Secretary of State

Entity Name: CHRISTIAN COMMUNITY CARE CENTER, INC

Current Principal Place of Business:

3337 SE SALERNO RD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3337 SE SALERNO RD
STUART, FL 34997

New Mailing Address:

FEI Number: 33-1198951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, ALFRED B
1150 SW CHAPMAN WAY
UNIT 308
PALM CITY, FL 34990 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: D
Name: VILLALOBOS, ALBERT F
Address: 1620 N. US HIGHWAY 1, SUITE 7
City-St-Zip: TEQUESTA, FL 33469

Title: D
Name: ESSEN, DONOVAN
Address: 1500 SW MAPP RD.
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: LEWIS, KELLY
Address: 9852 MOCKINGBIRD TRAIL
City-St-Zip: JUPITER, FL 33478

Title: D
Name: WARREN, ALFRED B
Address: 1150 SW CHAPMAN WAY, UNIT 308
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: FIELDER, LEE
Address: 1718 SW BUCKSKIN TRAIL
City-St-Zip: STUART, FL 34997

Title: D
Name: TARTAGLIA, BARBARA
Address: 5950 SW MAPP ROAD
City-St-Zip: PALM CITY, FL 34990

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: ALFRED B WARREN

D

01/17/2010

Electronic Signature of Signing Officer or Director

Date