

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002587

FILED
Jun 01, 2010
Secretary of State

Entity Name: COMMUNITY CONNECTION SERVICES, INC.

Current Principal Place of Business:

1832 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1832 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLARE, ARVELLA
1832 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CLARE, ARVELLA
Address: 1832 HANCOCK BRIDGE PKWY
City-St-Zip: CAPE CORAL, FL 33990

Title: VP
Name: SUA, DANGBE
Address: 1127 NW 11TH CT
City-St-Zip: CAPE CORAL, FL 33990

Title: T
Name: SUA, LOUELLA
Address: 1127 NW 11TH CT
City-St-Zip: CAPE CORAL, FL 33990

Title: S
Name: CLARE, DARRYL
Address: 1832 HANCOCK BRIDGE PKWY
City-St-Zip: CAPE CORAL, FL 33990

Title: D
Name: LAWRENCE, LEMUEL
Address: 6202 DEMERY CIRCLE
City-St-Zip: FT MYERS, FL 33916

Title: D
Name: WARE, GERTRUDE
Address: 1206 W 9TH ST
City-St-Zip: LAKELAND, FL 33805

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: DARRYL K. CLARE

S

06/01/2010

Electronic Signature of Signing Officer or Director

Date