

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 05, 2005  
Secretary of State

DOCUMENT# N21683

Entity Name: COMMUNITY CARE, INC.

**Current Principal Place of Business:**

321 FLORIDA AVE.  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

321 FLORIDA AVENUE  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 65-0037181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

SCHROT, WILLIAM  
321 FLORIDA AVE.  
FT. LAUDERDALE, FL 33312 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: SD      ( ) Delete  
Name: SCHROT, ELLIE  
Address: 321 FLORIDA AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: PDT      ( ) Delete  
Name: SCHROT, WILLIAM  
Address: 321 FLORIDA AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VD      ( ) Delete  
Name: YOUNGMAN, CHARLES T  
Address: 974 SW 114 TERR.  
City-St-Zip: DAVIE, FL 33325

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: HOGGARD, LUCILLE  
Address: 2001 NW 9 AVE. #450  
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM SCHROT

PDT

05/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date