

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2009
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:

SCHROT, WILLIAM
321 FLORIDA AVE.
FT. LAUDERDALE, FL 33312 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: 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: D () Delete
Name: HOGGARD, LUCILLE
Address: 2001 NW 9 AVE. #450
City-St-Zip: FORT LAUDERDALE, FL 33311

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 A SCHROT

PDT

07/11/2009

Electronic Signature of Signing Officer or Director

Date