

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21683

FILED
Jun 23, 2011
Secretary of State

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 ()

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
Name: SCHROT, ELLIE
Address: 321 FLORIDA AVE.
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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

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

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

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: WILLIAM SCHROT

RA

06/23/2011

Electronic Signature of Signing Officer or Director

Date