2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N36895

1. Entity Name
CENTRAL CARE MISSION OF ORLANDO, INC.

Principal Place of Business	Mailing Address
4027 LENOX BLVD ORLANDO, FL 32811 US	4027 LENOX BLVD ORLANDO, FL 32811 US

DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2800360
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TILLER, JOAN
11036 WURDERMANN'S WAY
ORLANDO, FL 32825

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TESCH, RICK
STREET ADDRESS	1350 CANAL POINT ROAD
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	SD
NAME	BRENEMAN, CAROL
STREET ADDRESS	930 NORTHERN DANCER WAY
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	TD
NAME	JONES, LESENA
STREET ADDRESS	10513 FAIRHAVEN WAY
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D
NAME	LOWRY, WILLIAM
STREET ADDRESS	718 SPRINGVIEW DR
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80063-028 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LeSena Jones LeSena Jones 2/22/08 407-582-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #