

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36895

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** CENTRAL CARE MISSION OF ORLANDO, INC.

**Current Principal Place of Business:**

4027 LENOX BLVD  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

4027 LENOX BLVD  
ORLANDO, FL 32811 US

**New Mailing Address:**

**FEI Number:** 59-2800360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TILLER, JOAN  
11036 WURDERMANN'S WAY  
ORLANDO, FL 32825 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: VD ( ) Delete  
Name: TESCH, RICK  
Address: 1350 CANAL POINT ROAD  
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete  
Name: BRENNEMAN, CAROL,  
Address: 930 NORTHERN DANCER WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete  
Name: JONES, LESENA  
Address: 10513 FAIRHAVEN WAY  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: LOWRY, WILLIAM  
Address: 718 SPRINGVIEW DR  
City-St-Zip: ORLANDO, FL 32803

**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: LESENA JONES

TD

03/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date