# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2010**
**Secretary of State**

DOCUMENT# N36895

**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
Name: TESCH, RICK
Address: 1350 CANAL POINT ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: SD
Name: BRENEMAN, CAROL
Address: 930 NORTHERN DANCER WAY
City-St-Zip: CASSELBERRY, FL 32707

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

Title: D
Name: PFLEIDERER, SPENCE
Address: 4022 TERRIWOOD AVENUE
City-St-Zip: ORLANDO, FL 32812

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: LESENA JONES TD 01/06/2010
Electronic Signature of Signing Officer or Director Date