

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36895

**FILED**  
**Feb 14, 2012**  
**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  
**Name:** CUMMINS, MICHAEL  
**Address:** 1829 COTSWOLD DRIVE  
**City-St-Zip:** ORLANDO, FL 32825

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

**Title:** TD  
**Name:** JONES, LESENA  
**Address:** 5849 LAKE MELROSE DRIVE  
**City-St-Zip:** ORLANDO, FL 32829

**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

MS.

02/14/2012

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

\_\_\_\_\_  
Date