

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44009

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: COMMUNITY CARING CENTER OF BOYNTON BEACH, INC.

**Current Principal Place of Business:**

145 N.E. 4TH AVENUE  
BOYNTON BEACH, FL 334350339

**New Principal Place of Business:**

**Current Mailing Address:**

145 N.E. 4TH AVENUE  
BOYNTON BEACH, FL 334350339

**New Mailing Address:**

FEI Number: 65-0447796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM, KELLY  
THE COMMUNITY CARING CENTER OF B.B. INC  
145 N.E. 4TH AVE  
BOYNTON BEACH, FL 33435 US

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

CONNOLLY, MAUREEN  
THE COMMUNITY CARING CENTER OF B.B. INC  
145 N.E. 4TH AVE  
BOYNTON BEACH, FL 33435 US

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: MAUREEN CONNOLLY

04/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERG, MILDRED  
Address: 1803 OCEAN DRIVE #106  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD ( ) Delete  
Name: CERICOLA, EUGENE  
Address: 1205 SW 22ND AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SD ( ) Delete  
Name: DIXON, JANET  
Address: 820 SW 18TH COURT  
City-St-Zip: BOYNTON BEACH, FL 33425

Title: TD ( ) Delete  
Name: KELLY, WILLIAM  
Address: 2514 MANGO CREEK LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CERICOLA, EUGENE A MR.  
Address: 1205 S W 22ND AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD (X) Change ( ) Addition  
Name: OSTIGUY, LILLIAN  
Address: 10 SAILFISH LANE  
City-St-Zip: OCEAN RIDGE, FL 33435

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 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: MAUREEN CONNOLLY

RA

04/12/2007

Electronic Signature of Signing Officer or Director

Date