2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N44009

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:

SHERRY, JOHNSON
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:

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

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

Title: SD ( ) Delete
Name: BAKER, EVERLENE
Address: 550 NW 9TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD ( ) Delete
Name: WITTMAN, ARTHUR
Address: 1220 NORTH K STREET
City-St-Zip: LAKE WORTH, FL 33460

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: EUGENE A. CERICOLA PRES 04/30/2009
Electronic Signature of Signing Officer or Director — Date