

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44009

FILED
May 27, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHERRY, JOHNSON
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CLINGER, ROBERT W MR.
Address: 1406 OXFORD LANE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD
Name: BENNER, MICHELE
Address: 1121 NW 10TH COURT
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SD
Name: DECHANT, CAROL
Address: 5450 OLD OCEAN BLVD. # 2
City-St-Zip: OCEAN RIDGE, FL 33435

Title: TD
Name: CONNOLLY, MAUREEN
Address: 145 NE 4TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: DIR
Name: DIXON, JANET
Address: 820 SW 18TH COURT
City-St-Zip: BOYNTON BEACH, FL 33426

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: MAUREEN CONNOLLY

TREA

05/27/2010

Electronic Signature of Signing Officer or Director

Date