

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # N95000005869 (1)

1. Corporation Name

THE COMMUNITY CARING COUNCIL, INC.



Principal Place of Business

Mailing Address

JOSEPH A. TRINGALI COMMUNITY CENTER
6400 PENNELL STREET
ENGLEWOOD FL 34224

9877 GULFSTREAM BLVD.
ENGLEWOOD FL 34224-9213

3. Date Incorporated or Qualified
12/11/1995

3a. Date of Last Report
08/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 1160 S McCall Rd

22 City & State

27 Suite A

23 Zip

28 Englewood FL

24 Country

29 34223 30 USA

4. FEI Number 59-1517598
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, CRISTINE A.
1010 BAYSHORE DRIVE
ENGLEWOOD FL 34223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WHITE, CRISTINE A
STREET ADDRESS 1010 BAYSHORE DRIVE
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

TITLE VD
NAME GEREMIA, FRANK
STREET ADDRESS 11144 EULER AVENUE
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

TITLE SD
NAME FURY, SANDRA
STREET ADDRESS 9877 GULFSTREAM BLVD
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

TITLE T
NAME LOUDEN, MARCIA
STREET ADDRESS 2201 PLACIDE RD. LEMON BAY HIGH SCHOOL
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062804

CR2E037 (9/96)