

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 001 ****61.25

DOCUMENT # N95000005869

1. Corporation Name

THE COMMUNITY CARING COUNCIL, INC.

Principal Place of Business

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

Mailing Address

1160 S MCCALL RD
SUITE A
ENGLEWOOD FL 34223
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 508 N INDIANA AVE

27 City & State
28 ENGLEWOOD FL

29 34223 30 USA

3. Date Incorporated or Qualified

12/11/1995

4. FEI Number

31-1475333

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

9. Name and Address of Current Registered Agent

WHITE, CRISTINE A.
1010 BAYSHORE DRIVE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

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

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

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

TITLE T
NAME MERCIER, LETETIA
STREET ADDRESS 1160 SO MCCALL RD., SUITE A
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Letetia M. Mercier 7/2/99 941-474-9309

CR2E037 (5/99)