

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90105 032 ****61.25

UJ/4510

DOCUMENT # N95000005869

1. Entity Name

THE COMMUNITY CARING COUNCIL, INC.

Principal Place of Business

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

Mailing Address

**508 N INDIANA AVE
 ENGLEWOOD FL 34223
 US**

764919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1475333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, CRISTINE A.
 1010 BAYSHORE DRIVE
 ENGLEWOOD FL 34223**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
 NAME **WHITE, CRISTINE A**
 STREET ADDRESS **1010 BAYSHORE DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **CD** ☐ Change ☒ Addition
 NAME **GINA BANNON-MATOS**
 STREET ADDRESS **121 N. McCALL RD**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **SD** ☐ Change ☒ Addition
 NAME **DEE BOHAN**
 STREET ADDRESS **72 WINDSOR DRIVE**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **T** ☐ Delete
 NAME **MERCIER, LETETIA**
 STREET ADDRESS **508 N INDIANA AVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature Required)

4-30-01

CR2E037 (10/00)