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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N96000005366 (7)**

1. Corporation Name

**COMMUNITY COUNSELING CENTER DEVELOPMENT, INC.**



Principal Place of Business

Mailing Address

**1641 YEOMANS PATH  
LAKELAND FL 33809**

**1641 YEOMANS PATH  
LAKELAND FL 33809-5062**

3. Date Incorporated or Qualified

**10/18/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt #, etc.

Suite, Apt #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDIE, JOE S  
1641 YEOMANS OATH  
LAKELAND FL 33809**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HARDIE, JOE S	
STREET ADDRESS	1641 YEOMANS PATH	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	CO-D	<input type="checkbox"/> DELETE
NAME	QUARY, DELL	
STREET ADDRESS	366 CORONA DEL MAR ST	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PALMORE, PATTINA	
STREET ADDRESS	815 N MISSOURI AVE	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARRISH, JESSIE	
STREET ADDRESS	3722 N FLORIDA AVE	
CITY - ST - ZIP	LAKELAND FL 33805	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	BOLDEN, DEANSY M	
STREET ADDRESS	703 WEST NINTH ST	
CITY - ST - ZIP	LAKELAND 33 80505	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-97**

Date

Daytime Phone # 0052962

CR2E037 (9/96)