

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001983

Entity Name: EAST COAST COMMUNITY CARE CENTER, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

670 N COURTNEY PKWY
SUITE 9
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

670 N COURTNEY PKWY
SUITE 9
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3528152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, DAVID P
680 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32952

Name and Address of New Registered Agent:

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 () Delete
Name: STALLBAUM, DANIEL C
Address: 1605 SUN POINTE PLACE
City-St-Zip: MERRITT, IS 32952

Title: VPD () Delete
Name: GOOLSBY, RAY
Address: 2808 KENYON AVE.
City-St-Zip: COCOA, FL 32922

Title: SD () Delete
Name: PARTIN, ERIC
Address: 967 BAYWARD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: ELLIS, DAVID P
Address: 435 S. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID P. ELLIS

TD

01/08/2004

Electronic Signature of Signing Officer or Director

Date