

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003374

FILED
Apr 21, 2009
Secretary of State

Entity Name: CAMELOT COMMUNITY CARE, INC.

Current Principal Place of Business:

4910-D CREEKSIDE DR
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

4910 CREEKSIDE DRIVE
SUITE D
CLEARWATER, FL 33760 US

New Mailing Address:

4910-D CREEKSIDE DR
CLEARWATER, FL 33760 US

FEI Number: 31-1659302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CD () Delete
Name: DEARBORN, GEORGE
Address: 490 D. CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: ADDUCCI, ALEXANDER
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760 US

Title: D () Delete
Name: DRIVER, TAMMI
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: D () Delete
Name: SHERIDAN, DAE PHD
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: DT () Delete
Name: PINGEL, RICHARD
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: P () Delete
Name: DIBRIZZI, MICHAEL
Address: 4910-D CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEARBORN, GEORGE
Address: 490 D. CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760

Title: CD (X) Change () Addition
Name: ADDUCCI, ALEXANDER
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760 US

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 exemption stated in Chapter 119, 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: MICHAEL DIBRIZZI

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date