

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 726004

**Entity Name:** COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

**Current Principal Place of Business:**

3500 W COLONIAL DR  
ORLANDO, FL 32808

**Current Mailing Address:**

3500 W COLONIAL DR  
ORLANDO, FL 32808 US

**FEI Number:** 59-1371754

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HARDY, W. MARVIN III LLC  
1209 BELLEAIRE CIRCLE  
ORLANDO, FL 32804 US

*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

**Officer/Director Detail :**

Title CD  
Name SLOANE, JEREMY  
Address 301 E. PINE STREET, SUITE 250  
City-State-Zip: ORLANDO FL 32801

Title TD  
Name MACAU, JOSEPH  
Address 1560 LANGHAM TERRACE  
City-State-Zip: HEATHROW FL 32746

Title VCD  
Name BANKS, BRANDON  
Address 790 N ORANGE AVE  
City-State-Zip: ORLANDO FL 32801

Title CEO  
Name FRANK, PATRICIA E  
Address 3500 W. COLONIAL DR  
City-State-Zip: ORLANDO FL 32808

Title SD  
Name FOHR, TRISHA  
Address 8910 TURKEY LAKE ROAD, SUITE 100  
City-State-Zip: ORLANDO FL 32819

Title CPO  
Name WILSON, DEBORA  
Address 3500 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32808

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA E. FRANK

**PRESIDENT/CEO**

**05/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date