

2018 FLORIDA NOT FOR PROFIT CORPORATION 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	PCD
Name	SLOANE, JEREMY
Address	3670 MAGUIRE BLVD. SUITE 250
City-State-Zip:	ORLANDO FL 32803

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

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

Title	CD
Name	KIMMEL, JASON
Address	20 N ORANGE AVE 10TH FLOOR
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	GALLAGHER, ALLISON
Address	P.O. BOX 231
City-State-Zip:	ORLANDO FL 32802

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 FRANK**PRESIDENT/CEO****03/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date