

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006089

Entity Name: COMMUNITY SOLUTIONS 360, INC.**Current Principal Place of Business:**8466 LOCKWOOD RIDGE ROAD SUITE 157
SARASOTA, FL 34243**Current Mailing Address:**8466 LOCKWOOD RIDGE ROAD SUITE 157
SARASOTA, FL 34243 US**FEI Number:** 65-0953161**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARTER, LAURA J
8466 LOCKWOOD RIDGE ROAD SUITE 157
SARASOTA, FL 34243 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:** LAURA J CARTER

02/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VC	Title	P
Name	RAMIREZ, ELIABEL	Name	CARTER, LAURA
Address	3072 EDEN MILLS DR	Address	8466 LOCKWOOD RIDGE ROAD SUITE 157
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34243
Title	C, CHAIRMAN	Title	ST
Name	KNISELY, BEN	Name	TYRELL, TIM
Address	120 TALL TREE COURT	Address	5531 SIMONTON STREET
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	BRADENTON FL 34203
Title	BOARD MEMBER	Title	BOARD MEMBER
Name	CORNELL, STEPHEN	Name	CASELL, LYNN
Address	6216 COLUMBIA DRIVE	Address	5331 LANDINGS BLVD. UNIT 102
City-State-Zip:	BRADENTON FL 34208	City-State-Zip:	SARASOTA FL 34231
Title	OTHER		
Name	BAKER, JAMES		
Address	7238 CEDAR HOLLOW CIRCLE		
City-State-Zip:	BRADENTON FL 34203		

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: LAURA CARTER**PRESIDENT**

02/05/2019

Electronic Signature of Signing Officer/Director Detail

Date