

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005495

**Entity Name:** 210 COMMUNITY ALLIANCE, INC.

**Current Principal Place of Business:**

113 NATURE WALK PKWY STE 101  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

113 NATURE WALK PKWY STE 101  
ST AUGUSTINE, FL 32092

**FEI Number:** 04-3792300

**Certificate of Status Desired:** No

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

SCHULZ, BRIAN  
113 NATURE WALK PKWY STE 101  
ST AUGUSTINE, FL 32092 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            PRES  
Name            INGALLS, LARRY  
Address        1114 GARRISON DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            VP  
Name            EMAMDIE, NIZAM  
Address        1465 GREYFIELD DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            TREA  
Name            SCHULZ, BRIAN  
Address        1127 GARRISON DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            S  
Name            EASTERLING, JACCI  
Address        113 NATURE WALK PKWY STE 101  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** BRIAN J SCHULZ

**TREASURER**

**03/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date