

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009955

Entity Name: COMMUNITY COALITION ALLIANCE, INC.

Current Principal Place of Business:

11250 OLD ST. AUGUSTINE ROAD
15 314
JACKSONVILLE, FL 32257

Current Mailing Address:

11250 OLD ST. AUGUSTINE ROAD
15 314
JACKSONVILLE, FL 32257 US

FEI Number: 26-4026115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, KATHLEEN
11250 OLD ST. AUGUSTINE ROAD
#15, #314
JACKSONVILLE, FL 32257 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: KATHLEEN ROBERTS

04/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V. CHAIR
Name RHODEN, LEA
Address 11250 OLD ST. AUGUSTINE ROAD
15 -314
City-State-Zip: JACKSONVILLE FL 32257

Title BOARD PAR
Name RICKARDS, DANIEL
Address 11250 OLD ST. AUGUSTINE ROAD
15- 314
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY
Name HEWETT, JENNA
Address 11250 OLD ST. AUGUSTINE ROAD
15 314
City-State-Zip: JACKSONVILLE FL 32257

Title D
Name ROBERTS, KATHLEEN
Address 11250 OLD ST. AUGUSTINE ROAD
15- 314
City-State-Zip: JACKSONVILLE FL 32257

Title BOARD CHAIR
Name VANAERNAM, KATRINA
Address 11250 OLD ST. AUGUSTINE ROAD
15 -314
City-State-Zip: JACKSONVILLE FL 32257

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: KATHLEEN ROBERTS

EXECUTIVE DIRECTOR

04/20/2020

Electronic Signature of Signing Officer/Director Detail

Date