

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009955

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

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**5739265068CC**

**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: Yes**

**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**

**02/07/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            CEO  
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**

**CEO**

**02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date