

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08000009955

Entity Name: COMMUNITY COALITION ALLIANCE, INC.

FILED
Mar 25, 2017
Secretary of State
CC0189068322

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

03/25/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name PITMAN, SUSAN
Address 11250 OLD ST. AUGUSTINE ROAD
#15, #314
City-State-Zip: JACKSONVILLE FL 32257

Title TREASURER
Name LEWIS, JONATHAN
Address 11250 OLD ST. AUGUSTINE ROAD
#15, #314
City-State-Zip: JACKSONVILLE FL 32257

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

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

Title EXECUTIVE DIRECTOR
Name ROBERTS, KATHLEEN
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

03/25/2017

Electronic Signature of Signing Officer/Director Detail

Date