

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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: 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