

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010808

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC9605258924**

**Entity Name:** COMMUNITY FIRST CARES FOUNDATION, INC.

**Current Principal Place of Business:**

637 N. LEE STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

637 N. LEE STREET  
JACKSONVILLE, FL 32204

**FEI Number:** 46-1535651

**Certificate of Status Desired:** Yes

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

KIKER, JACK E III  
2010 DELTA BOULEVARD  
TALLAHASSEE, FL 32303 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 D  
Name HIRABAYASHI, JOHN  
Address 637 N. LEE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name INMAN, SAM  
Address 637 N. LEE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name VERBECK, SUSAN  
Address 637 N. LEE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name MANN, TRACY  
Address 637 N. LEE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name RASSMAN, ROGER  
Address 637 N. LEE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name GRIMES, CHERYL  
Address 637 N. LEE ST  
City-State-Zip: JACKSONVILLE FL 32204

*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: D. SAMUEL INMAN**

**TREASURER**

**01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date