

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010808

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: No

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

DIRECTOR

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date