

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004643

**FILED**  
**Aug 05, 2019**  
**Secretary of State**  
**0548190215CC**

**Entity Name:** GEORGE COMMUNITY CARE CORPORATION

**Current Principal Place of Business:**

4200 SUMMIT CREEK BLVD. #9101  
ORLANDO, FL 32837

**Current Mailing Address:**

5448 HOFFNER AVENUE  
408  
ORLANDO, FL 32812 US

**FEI Number:** 47-3977359

**Certificate of Status Desired:** No

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

GEORGE, CHANTAY  
4200 SUMMIT CREEK BLVD. #9101  
ORLANDO, FL 32837 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 P  
Name GEORGE, CHANTAY  
Address 4200 SUMMIT CREEK BLVD. #9101  
City-State-Zip: ORLANDO FL 32837

Title VP  
Name GEORGE, LORENZO  
Address 4200 SUMMIT CREEK BLVD.  
9101  
City-State-Zip: ORLANDO FL 32837

Title SECRETARY  
Name HODGE, ERNESTINE  
Address 9 WEBSTER COURT  
APT.2  
City-State-Zip: BINGHAMTON NY 13903

Title TRUSTEE  
Name FAIRMAN, SHASTA SHAMIELLE  
Address 4200 SUMMIT CREEK BLVD  
9101  
City-State-Zip: ORLANDO FL 32837

Title TREASURER  
Name KELSON, MONJA MONETTE  
Address 14140 KINGSWOOD DRIVE  
City-State-Zip: NEW ORLEANS LA 70128

*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:** CHANTAY GEORGE

**PRESIDENT**

**08/05/2019**

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

\_\_\_\_\_  
Date