

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

DOCUMENT# N16000006863

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**0115159840CC**

**Entity Name:** COMMUNITY ROOTS COLLECTIVE, INC.

**Current Principal Place of Business:**

2746 N FLORIDA AVE  
TAMPA, FL 33602

**Current Mailing Address:**

2746 N FLORIDA AVE  
TAMPA, FL 33602 US

**FEI Number: 81-3799927**

**Certificate of Status Desired: No**

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

YOUNG, CHARLIE R  
3520 N 9TH ST  
TAMPA, FL 33605 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 YOUNG, CHARLIE R  
Address 133520 N 9TH ST  
City-State-Zip: TAMPA FL 33605

Title VP  
Name HEHN, KELLY A  
Address 1726 CEDAR ST  
City-State-Zip: SOUTH BEND IN 46617

Title TRUSTEE  
Name MORALES, BRANDI  
Address 12012 VERMILION WAY  
City-State-Zip: RIVERVIEW FL 33569

Title TRUSTEE  
Name MEADLEY, SARAH  
Address 2570 BROWN NODDY LN  
APT# 408  
City-State-Zip: TAMPA FL 33619

Title SECRETARY  
Name WHITTEN, HEATHER  
Address 2810 W BAY HAVEN DR.  
City-State-Zip: TAMPA FL 33611

Title TRUSTEE  
Name BENNETT, JENNIFER  
Address 4212 N. MARGUERITE ST.  
City-State-Zip: TAMPA FL 33603

*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: KELLY HEHN**

**VP**

**02/08/2019**

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

\_\_\_\_\_  
Date