

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000004405

Entity Name: CAPITAL COLLABORATIVE GROUP, INC.**Current Principal Place of Business:**851 EAST PARK AVE.
TALLAHASSEE, FL 32301**Current Mailing Address:**851 EAST PARK AVE.
TALLAHASSEE, FL 32301 US**FEI Number:** 82-5257879**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONZALEZ, CHRISTIN ESQ.
851 EAST PARK AVE.
TALLAHASSEE, FL 32301 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 VP
Name THURMAN, CHRISTINE
Address 241 E 6TH AVE
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY
Name GONZALEZ, CHRISTIN ESQ.
Address 851 EAST PARK AVE.
City-State-Zip: TALLAHASSEE FL 32301

Title MEMBER
Name SWEETING, JENNIFER ESQ.
Address 864 E PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title MEMBER
Name LUCILLE, PALMER
Address 2014 DELTA BLVD
City-State-Zip: TALLAHASSEE FL

Title TREASURER
Name POPE, BARBARA CPA
Address 1342 TIMBERLANE RD STE 101
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT
Name HUSTON, TYLER
Address 259 JOHN KNOX RD
City-State-Zip: TALLAHASSEE FL 32303

Title MEMBER
Name BRUCE, LEINBACK
Address 1820 MICCOSUKEE COMMONS DR
City-State-Zip: TALLAHASSEE FL 32308

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: BARBARA POPE**TREASURER****02/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date