

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000004421

Entity Name: HCCH HOLDING CORPORATION**Current Principal Place of Business:**232 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**Current Mailing Address:**232 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US**FEI Number: 82-5300963****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BURNS, BAKARI F
232 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 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	DIRECTOR
Name	DR. BRUCE GORDY
Address	232 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	KEITH CROWE
Address	232 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	JASON RIMES
Address	232 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32805

Title	PRESIDENT, SECRETARY
Name	BAKARI BURNS
Address	232 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	MARCUS ROBINSON
Address	232 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	MORGAN LEA
Address	232 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32805

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: BAKARI F. BURNS**PRESIDENT****07/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date