

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000011724

**Entity Name:** THE HOME COLLABORATIVE, INC.

**Current Principal Place of Business:**

THE HOME COLLABORATIVE, INC.  
1708 WILSON PRAIRIE CIRCLE  
GROVELAND, FL 34736

**Current Mailing Address:**

THE HOME COLLABORATIVE, INC.  
1708 WILSON PRAIRIE CIRCLE  
GROVELAND, FL 34736 US

**FEI Number:** 92-0715787

**Certificate of Status Desired:** No

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

DONALDSON, BRIDGETTE B  
1708 WILSON PRAIRIE CIRCLE  
GROVELAND, FL 34736 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 DONALDSON, BRIDGETTE B  
Address 1708 WILSON PRAIRIE CIRCLE  
City-State-Zip: GROVELAND FL 34736

Title VP  
Name DONALDSON, LATOYA T  
Address 1708 WILSON PRAIRIE CIRCLE  
City-State-Zip: GROVELAND FL 34736

Title S  
Name BANNIS, COLLIER T  
Address 1708 WILSON PRAIRIE CIRCLE  
City-State-Zip: GROVELAND FL 34736

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:** BRIDGETTE DONALDSON

**PRESIDENT AND CEO**

**04/03/2023**

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

\_\_\_\_\_  
Date