2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50532

Entity Name: COMMUNITY NUTCRACKER, INC.

Current Principal Place of Business:

4446 HENDRICKS AVENUE SUITE 364 JACKSONVILLE, FL 32207

Current Mailing Address:

4446 HENDRICKS AVENUE SUITE 364 JACKSONVILLE, FL 32207 US

FEI Number: 59-3135782

Name and Address of Current Registered Agent:

ALBEE, HELEN H 301 W. BAY ST 14TH FLOOR JACKSONVILLE, FL 32202 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.

HELEN H. ALBEE			04/24/2018
Electronic Signature of Registered Agent			Date
or Detail :			
TREASURER	Title	PRESIDENT	
NIMNICHT, AMANDA K	Name	KELLAR, BETHANY	
3973 ALHAMBRA DRIVE WEST	Address	811 LEBRUN DRIVE	
JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32205	
SECRETARY	Title	VP	
SNYDER, CHANDRA L	Name	ALBEE, HELEN	
500 WONDERWOOD DRIVE	Address	1139 N. LAURA STREET	
ATLANTIC BEACH FL 32233	City-State-Zip:	JACKSONVILLE FL 32205	
VP			
BROWN-SCOTT, TAB			
4446 HENDRICKS AVENUE SUITE 364			
JACKSONVILLE FL 32207			
	or Detail : TREASURER MIMNICHT, AMANDA K 1973 ALHAMBRA DRIVE WEST ACKSONVILLE FL 32207 SECRETARY SNYDER, CHANDRA L 500 WONDERWOOD DRIVE ATLANTIC BEACH FL 32233 //P BROWN-SCOTT, TAB 1446 HENDRICKS AVENUE SUITE 364	Electronic Signature of Registered Agent or Detail : TREASURER Title NIMNICHT, AMANDA K Name 1973 ALHAMBRA DRIVE WEST Address ACKSONVILLE FL 32207 City-State-Zip: SECRETARY Title SNYDER, CHANDRA L Name 300 WONDERWOOD DRIVE Address ATLANTIC BEACH FL 32233 City-State-Zip: /P SROWN-SCOTT, TAB 4446 HENDRICKS AVENUE SUITE 364	Electronic Signature of Registered Agent or Detail : TREASURER Title PRESIDENT NIMNICHT, AMANDA K Name KELLAR, BETHANY 1973 ALHAMBRA DRIVE WEST Address 811 LEBRUN DRIVE 144CKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32205 SECRETARY Title VP SNYDER, CHANDRA L Name ALBEE, HELEN Address 1139 N. LAURA STREET Address ATLANTIC BEACH FL 32233 City-State-Zip: JACKSONVILLE FL 32205 //P 3ROWN-SCOTT, TAB SROWN-SCOTT, TAB 1446 HENDRICKS AVENUE SUITE 364 SUITE 364

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: HELEN H. ALBEE

VICE PRESIDENT

04/24/2018

Electronic Signature of Signing Officer/Director Detail

FILED Apr 24, 2018 Secretary of State CC2245672747

Certificate of Status Desired: No

Date