

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127623

Entity Name: COMMUNITY BANK CONNECTION, INC.**Current Principal Place of Business:**9957 MOORINGS DR
STE 304
JACKSONVILLE, FL 32257**Current Mailing Address:**9957 MOORINGS DR
STE 304
JACKSONVILLE, FL 32257 US**FEI Number:** 20-3483055**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLAREAL, DANIEL
9957 MOORINGS DR
STE 304
JACKSONVILLE, FL 32257 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	PVTD
Name	VILLAREAL, DANIEL
Address	9957 MOORINGS DR STE 304
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP
Name	DAVIS, JUSTIN
Address	9957 MOORINGS DR STE 304
City-State-Zip:	JACKSONVILLE FL 32257

Title	S
Name	WHITE, STACEY
Address	9957 MOORINGS DR STE 304
City-State-Zip:	JACKSONVILLE FL 32257

Title	SECRETARY
Name	GUNTER, STEPHANIE
Address	9957 MOORINGS DR STE 304
City-State-Zip:	JACKSONVILLE FL 32257

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STACEY WHITE**OFFICE MANAGER****06/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date