

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001720

**Entity Name:** COMMUNITY HEALTH CHARITIES, INC.

**Current Principal Place of Business:**

1199 NORTH FAIRFAX STREET, SUITE 600  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

1199 NORTH FAIRFAX STREET, SUITE600  
ALEXANDRIA, VA 22314 US

**FEI Number:** 13-6167225

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
1788867TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 CFO  
Name GRAVHOLT, MOLLY  
Address 1199 NORTH FAIRFAX STREET, SUITE 600  
City-State-Zip: ALEXANDRIA VA 22314

Title CHAIRMAN  
Name CLAYTON, KEVIN  
Address 1199 NORTH FAIRFAX STREET, SUITE 600  
City-State-Zip: ALEXANDRIA VA 22314

Title TREASURER  
Name RAHEJA, CHARU  
Address 1199 NORTH FAIRFAX STREET, SUITE 600  
City-State-Zip: ALEXANDRIA VA 22314

Title PRESIDENT, CEO  
Name BOGNANNO, THOMAS G.  
Address 1199 NORTH FAIRFAX STREET, SUITE 600  
City-State-Zip: ALEXANDRIA VA 22314

Title SECRETARY  
Name BLOUNT, LINDA G.  
Address 1199 NORTH FAIRFAX STREET, SUITE 600  
City-State-Zip: ALEXANDRIA VA 22314

*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:** THOMAS G. BOGNANNO

**PRESIDENT**

**01/28/2021**

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

\_\_\_\_\_  
Date