

2018 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 FINNEGAN, KERRY
Address 1199 NORTH FAIRFAX STREET, SUITE 600
City-State-Zip: ALEXANDRIA VA 22314

Title TREASURER
Name BURBRIDGE, CHARLES A
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: MOLLY GRAVHOLT

CFO

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date