

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009955

FILED
Mar 08, 2011
Secretary of State

Entity Name: COMMUNITY COALITION ALLIANCE, INC.

Current Principal Place of Business:

135 EXECUTIVE CIRCLE
SUITE 102
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

135 EXECUTIVE CIRCLE
SUITE 102
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 26-4026115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIRD, CARRIE G
135 EXECUTIVE CIRCLE
SUITE 102
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CHAMPAGNIE, DIETRICH J
Address: 200 SOUTH 7TH STREET
City-St-Zip: PALATKA, FL 32177

Title: D
Name: DEBBIE, OWENS
Address: 100 BUSH BLVD.
City-St-Zip: SANFORD, FL 32773

Title: D
Name: BAIRD, CARRIE GARNETT
Address: 135 EXECUTIVE CIRCLE, SUITE 102
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: MACINTYRE, DEBI M.ED
Address: PO BOX 64
City-St-Zip: YALAHUA, FL 34797

Title: D
Name: HEIDI, MATHENY
Address: 1400 OLD DIXIE HIGHWAY
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: RENNA, JABLONSKIS
Address: PO BOX 443
City-St-Zip: INVERNESS, FL 34450

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: CARRIE GARNETT BAIRD

D

03/08/2011

Electronic Signature of Signing Officer or Director

Date