

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747318

Entity Name: COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT, INC.**Current Principal Place of Business:**C/O LONE STAR COLLEGE
20515 STATE HIGHWAY 249 ROOM 11296
HOUSTON, TX 77070**Current Mailing Address:**C/O LONE STAR COLLEGE
20515 STATE HIGHWAY 249 ROOM 11296
HOUSTON, TX 77070 US**FEI Number: 59-2073513****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT | CCID
C/O DAVID ROBERTS
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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:** FABIOLA RIOBE**03/19/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** IMMEDIATE PAST CHAIR
Name JOHNSON, SUZANNE DR.
Address 12401 SE 320TH ST.
City-State-Zip: AUBURN WA 98092**Title** CHAIR
Name MUNROE, ANTHONY DR.
Address 199 CHAMBERS STREET
City-State-Zip: NEW YORK NY 10007**Title** HOST INSTITUTION CEO
Name CASTILLO, MARIO MR.
Address 5000 RESEARCH FOREST DRIVE
City-State-Zip: THE WOODLANDS TX 77381**Title** TREASURER
Name LAU, PAM DR.
Address 2400 WEST BRADLEY AVENUE
City-State-Zip: CHAMPAIGN IL 61821**Title** EXECUTIVE DIRECTOR
Name MCBRIDE, KAREN DR.
Address C/O LONE STAR COLLEGE
20515 STATE HIGHWAY 249 ROOM
11294
City-State-Zip: HOUSTON TX 77070

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: KAREN MCBRIDE**EXECUTIVE DIRECTOR****03/19/2025**

Electronic Signature of Signing Officer/Director Detail

Date