

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008148

Entity Name: CENTER FOR VIRTUAL AND COMMUNITY ADVANCEMENT INC.

Current Principal Place of Business:

1055 NW 6TH AVENUE
FLORIDA CITY, FL 33034

Current Mailing Address:

1055 NW 6TH AVENUE
FLORIDA CITY, FL 33034

FEI Number: 65-1074863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, CURTIS
15881 SW 287 STREET
HOMESTEAD, FL 33033 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 P
Name THOMAS, DR. CURTIS REV
Address 15881 SW 287TH STREET
City-State-Zip: HOMESTEAD FL 33033

Title D
Name BERRY, CATHY
Address 713 NW DAVIS PARKWAY
City-State-Zip: FLORIDA CITY FL 33034

Title TR
Name BENNETT, BETTY
Address 3510 NE 10TH DRIVE
City-State-Zip: HOMESTEAD FL 33033

Title V
Name HICKS, ARTHUR
Address 14495 SW 298 TERRACE
City-State-Zip: HOMESTEAD FL 33033

Title S
Name MIDDLEBROOKS, KEENA
Address 942 NW 3RD
City-State-Zip: FLORIDA CITY FL 33034

Title T
Name WOODBERRY, EDWARD
Address 1055 NW 6TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

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 , DR. CURTIS , REV

PRESIDENT

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date