

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004460

**Entity Name:** COMMUNITY FIRST CDC, INC

**Current Principal Place of Business:**

618 POWELL DRIVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

618 POWELL DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 20-1458458

**Certificate of Status Desired:** No

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

WOLFE, MIA  
618 POWELL DRIVE  
ALTAMONTE SPRINGS, FL 32701 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:** MIA WOLFE

04/30/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WOLFE, MIA  
Address 618 POWELL DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name WOLFE, RONALD  
Address 618 POWELL DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title BOARD MEMBER  
Name WOLFE, RONESHA  
Address 618 POWELL DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** MIA WOLFE

PRESIDENT

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date