

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011324

**Entity Name:** NORTH COUNTY NEIGHBORHOOD COALITION INC.

**FILED**  
**Mar 22, 2020**  
**Secretary of State**  
**9679603312CC**

**Current Principal Place of Business:**

% NCNC  
9055 IBIS BLVD  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

% NCNC  
9055 IBIS BLVD  
WEST PALM BEACH, FL 33412

**FEI Number: 90-0646748**

**Certificate of Status Desired: No**

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

FASO, SALVATORE A  
% NCNC  
9055 IBIS BLVD  
WEST PALM BEACH, FL 33412 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 PD  
Name FASO, SALVATORE A  
Address 9055 IBIS BLVD  
City-State-Zip: WEST PALM BEACH FL 33412

Title VPD  
Name ENGELSHER, MICHAEL  
Address 9055 IBIS BLVD  
City-State-Zip: WEST PALM BEACH FL 33412

Title TREASURER  
Name SHANNON, MEG  
Address 9055 IBIS BLVD  
City-State-Zip: WEST PALM BEACH FL 33412

Title SECRETARY  
Name DINNIN, DAVID  
Address % NCNC  
9055 IBIS BLVD  
City-State-Zip: WEST PALM BEACH FL 33412

*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: SALVATORE A FASO**

**PRESIDENT**

**03/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date