

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10552

Entity Name: JESSIE TRICE COMMUNITY HEALTH FOUNDATION, INC.**Current Principal Place of Business:**5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142**Current Mailing Address:**5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142**FEI Number:** 59-2681559**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLINCH, CLEMENTINE
3025 NW 68TH STREET
MIAMI, FL 33147 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 C
Name DUBOSE, SHERWOOD
Address 5607 NW 27TH AVENUE
SUITE #1
City-State-Zip: MIAMI FL 33142Title M
Name NEASMAN, ANNIE
Address 5607 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33142Title D
Name THOMAS, ROBERT
Address 5607 NW 27TH AVENUE
SUITE #1
City-State-Zip: MIAMI FL 33142Title D
Name CRYSTAL, AGNEW
Address 5607 NW 27TH AVENUE
City-State-Zip: MIAMI FL 33142Title D
Name SANDERS, JANIS E
Address 5607 NW 27TH AVENUE
SUITE #1
City-State-Zip: MIAMI FL 33142Title D
Name YATES, LENORA
Address 5607 NW 27TH AVENUE
SUITE #1
City-State-Zip: MIAMI FL 33142

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: SHERWOOD DUBOSE

CHAIR

02/01/2021

Electronic Signature of Signing Officer/Director Detail_____
Date