

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011430

Entity Name: COMMUNITY CENTER FOR HEALING ARTS INC.

Current Principal Place of Business:

2656 VINING STREET
WEST MELBOURNE, FL 32904

Current Mailing Address:

2656 VINING STREET
WEST MELBOURNE, FL 32904 US

FEI Number: 45-4044839

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VON ACHEN, SUZANNE A
2656 VINING STREET
WEST MELBOURNE, FL 32904 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 BOISSE-GALVIN, CHRISTINE
Address 2086 CEDARWOOD DRIVE
City-State-Zip: MELBOURNE FL 32935

Title VP
Name MARTINOT, CHRISTIANA G
Address 2188 STORY LANE
City-State-Zip: WEST MELBOURNE FL 32904

Title T
Name VON ACHEN, SUZANNE A
Address 2656 VINING STREET
City-State-Zip: WEST MELBOURNE FL 32904

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: SUZANNE A VON ACHEN

TREASURER

06/08/2016

Electronic Signature of Signing Officer/Director Detail

Date