

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010639

Entity Name: COMFORTABLE.WITH. MYSELF. INC**Current Principal Place of Business:**111 WEST 32ND ST
JACKSONVILLE, FL 32206**Current Mailing Address:**111 WEST 32ND ST
JACKSONVILLE, FL 32206 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOLOMON, RASHAD D
111 WEST 32ND ST
JACKSONVILLE, FL 32206 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	SOLOMON, RASHAD D
Address	111 WEST 32ND ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	TREASURER
Name	HEARN, TINA L
Address	3519 SHADOW ST
City-State-Zip:	JACKSONVILLE FL 32254

Title	VP
Name	COLLINS, CYNTHIA Y
Address	111 WEST 32ND ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	D
Name	HEARN, TINA L
Address	3519 SHADOW ST
City-State-Zip:	JACKSONVILLE FL 32254

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: RASHAD D. SOLOMON

CEO

04/27/2016

Electronic Signature of Signing Officer/Director Detail_____
Date