

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011137

Entity Name: EMBRACE COMMUNITY CENTER, INC.

Current Principal Place of Business:

4511 NE CR 219A
MELROSE, FL 32666

Current Mailing Address:

PO BOX 1180
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 81-4454637

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRYAN, KASSANDRA
4511 NE CR 219A
MELROSE, FL 32666 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: KASSANDRA BRYAN

04/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COO, VP, DIRECTOR
Name BRYAN, ZACHARY W
Address 4511 NE CR 219A
City-State-Zip: MELROSE FL 32666

Title CEO, PRESIDENT, DIRECTOR
Name BRYAN, KASSANDRA S
Address 4511 NE CR 219A
City-State-Zip: MELROSE FL 32666

Title DIRECTOR, VETERAN AFFAIRS
Name CONNOLLY, SEAN
Address 4511 NE CR 219A
City-State-Zip: MELROSE FL 32666

Title DIRECTOR, SECRETARY
Name PELLERITO, MELISSA
Address 4511 NE CR 219A
City-State-Zip: MELROSE FL 32666

Title DIRECTOR
Name MCCORMICK, KELLY
Address 294 SE 43RD STREET
SUITE 100
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR
Name FRANKLIN, BARBARA
Address 294 SE 43RD STREET
SUITE 100
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR
Name HUFFMAN, SMITTY
Address 294 SE 43RD STREET
SUITE 100
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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: KASSANDRA BRYAN

PRESIDENT

04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date