

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004373

Entity Name: COMMUNITIES THAT CARE CLT, INC.**Current Principal Place of Business:**2630 NW 41 ST
GAINESVILLE, FL 32606**Current Mailing Address:**2630 NW 41 ST
GAINESVILLE, FL 32606 US**FEI Number: 82-1321775****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANKINS, GARY C.
2630 NW 41 ST
GAINESVILLE, FL 32606 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	VP, D
Name	HARRIS, DALE
Address	2630 NW 41 ST
City-State-Zip:	GAINESVILLE FL 32606

Title	TREASURER, D
Name	HARRISON, KIP
Address	2630 NW 41 ST
City-State-Zip:	GAINESVILLE FL 32606

Title	SECRETARY, D
Name	POLO, ANNE
Address	2630 NW 41 ST
City-State-Zip:	GAINESVILLE FL 32606

Title	PRESIDENT, D
Name	HANKINS, GARY C.
Address	2630 NW 41 ST
City-State-Zip:	GAINESVILLE FL 32606

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: GARY HANKINS**PRESIDENT****02/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date