

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000012652

Entity Name: CYSTIC FIBROSIS CONTINUITY OF CARE FOUNDATION, INC.

Current Principal Place of Business:

4126 CUMMINGS STREET
ORLANDO, FL 32828

Current Mailing Address:

4126 CUMMINGS STREET
ORLANDO, FL 32828 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRUBBS, TAMIKA
4126 CUMMINGS STREET
ORLANDO, FL 32828 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 DIRECTOR, BOARD MEMBER
Name GRUBBS, TAMIKA LAUNYAE
Address 4126 CUMMINGS STREET
City-State-Zip: ORLANDO FL 32828

Title BOARD MEMBER
Name SCOTT , SANJANETTE LAGAYLE
Address 4126 CUMMINGS STREET
City-State-Zip: ORLANDO FL 32828

Title BOARD MEMBER
Name IMANI , LYDIA
Address 4126 CUMMINGS STREET
City-State-Zip: ORLANDO FL 32828

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: TAMIKA L GRUBBS

DIRECTOR

05/02/2021

Electronic Signature of Signing Officer/Director Detail

Date