# DOCUMENT# N18000005615

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CORNERSTONE COLLABORATIVE FLORIDA INC.

#### **Current Principal Place of Business:**

500 S AUSTRALIAN AVE STE 600 PMB 1154 WEST PALM BEACH, FL 33401

# **Current Mailing Address:**

500 S AUSTRALIAN AVE STE 600 PMB 1154 WEST PALM BEACH, FL 33401 US

## FEI Number: 82-5500021

#### Name and Address of Current Registered Agent:

MCFARLANE, KEENYN 8870 KETTLE DRUM TERRACE BOYNTON BEACH, FL 33473 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

# **Officer/Director Detail :**

Title	DIR	Title	DIR
Name	MCFARLANE, KEENYN D	Name	THOMAS, CASSANDRA
Address	8870 KETTLE DRUM TERRACE	Address	38 N TERRY AVENUE UNIT 6
City-State-Zip:	BOYNTON BEACH FL 33473	City-State-Zip:	ORLANDO FL 32801
Title	DIR	Title	DIR
Name	MARCH, ANDREW ESQ	Name	DARLENE, HILL
Address	110 LITHIA PINECREST RD., SUITE B	Address	26837 AGILE COURT
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	WESLEY CHAPEL FL 33544
Title	DIRECTOR	Title	DIRECTOR
Name	IVY, SAUL PHD	Name	FILS-AIME, FRANCOIS
Address	10809 HOFFNER EDGE DR	Address	214 TAMARACK LANE
City-State-Zip:	RIVERVIEW FL 33579	City-State-Zip:	ABINGTON MA 02351
Title	DIRECTOR	Title	DIRECTOR
Name	AZAN MONCRIEFFE, CARRIE	Name	MCFALLS, EVAN
Address	4175 E. FORT LOWELL ROAD	Address	639 PALOMA DR.
0.1 0.1 7	UNIT 5238	City-State-Zip:	BOULDER CITY NV 89005
City-State-Zip:	TUCSON AZ 85712	Continuos	n nago 2
		Continues on page 2	

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.

CEO

#### SIGNATURE: KEENYN MCFARLANE

Electronic Signature of Signing Officer/Director Detail

FILED Apr 11, 2023 Secretary of State 8285135554CC

Certificate of Status Desired: No

04/11/2023 Date

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	SALOMON, YVES E ESQ.	Name	CHAPE, MARIO
Address	2 BARTON RD	Address	186 COPLEY AVE
City-State-Zip:	MONROE CT 06468	City-State-Zip:	TEANECK NJ 07666
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR HENRY, LAWRENCE PHD	Title Name	DIRECTOR MCPHERSON JAMES, NASSEAM
Name	HENRY, LAWRENCE PHD	Name Address	MCPHERSON JAMES, NASSEAM 652 VITORA RD
Name	HENRY, LAWRENCE PHD 381 E. GREENBRIAR LN	Name	MCPHERSON JAMES, NASSEAM 652 VITORA RD