DOCL	JMENT	F# N18000	005615			

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CORNERSTONE COLLABORATIVE FLORIDA INC.

Current Principal Place of Business:

8870 KETTLE DRUM TERRACE BOYNTON BEACH, FL 33473

Current Mailing Address:

8870 KETTLE DRUM TERRACE BOYNTON BEACH, FL 33473 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	7 ROYAL CREST DR UNIT 7	
	City-State-Zip:	RIVERVIEW FL 33579	City-State-Zip:	RANDOLPH MA 02368	
	Title	DIRECTOR	Title	DIRECTOR	
	Name	AZAN MONCRIEFFE, CARRIE	Name	ELLIS, TANYA	
Address		4175 E. FORT LOWELL ROAD UNIT 5238	Address	213 MORAINE STREET	
	City-State-Zip:	TUCSON AZ 85712	City-State-Zip:	BROCKTON MA 02301	
			•	-	

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

Electronic Signature of Signing Officer/Director Detail

FILED Apr 15, 2021 Secretary of State 9024385521CC

Date

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR				
Name	MCFALLS, EVAN				
Address	639 PALOMA DR.				
City-State-Zip:	BOULDER CITY NV 89005				