

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005021

FILED
Feb 14, 2023
Secretary of State
8752731787CC

Entity Name: COMMUNITY TRAINING AND ASSISTANCE CENTER,
INCORPORATED

Current Principal Place of Business:

ONE BOSTON PLACE, SUITE 2606
BOSTON, MA 02108

Current Mailing Address:

ONE BOSTON PLACE, SUITE 2606
BOSTON, MA 02108 US

FEI Number: 04-2689402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WISE, JOSEPH
1245 AUDUBON PLACE
ORLANDO, FL 32804 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: JOSEPH WISE

02/14/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name CHAR, CINDY DR.
Address 147 CONNOR ROAD
City-State-Zip: MONTPELIER VT 05602

Title D
Name SLOTNIK, WILLIAM J
Address 20 STILL ST.
City-State-Zip: BROOKLINE MA 02446

Title P
Name BYRNE-JIMENEZ, MONICA DR.
Address HOFSTRA UNIVERSITY, 214
HAGEDORN HALL
City-State-Zip: HEMPSTEAD NY 11549

Title VP
Name KOHN, GERALD DR.
Address 77 GROZIER RD.
City-State-Zip: CAMBRIDGE MA 02138

Title T
Name RANDOLPH, HELEN
Address 26 TANGLEWOOD PARK
City-State-Zip: HAVERHILL MA 01830

Title D
Name RAMIREZ, ALFRED
Address 428 16TH AVE.
City-State-Zip: ROCK ISLAND IL 61201

Title DIRECTOR
Name BA, HAROUNA
Address 11 WINTER AVENUE
City-State-Zip: STATEN ISLAND NY 10301

Title DIRECTOR
Name JOANNE, BRADY
Address 29 MARRETT STREET
City-State-Zip: LEXINGTON MA 02421

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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: DONNA OGDEN

ADMINISTRATION
MANAGER

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name FEIST, MICHELLE
Address 2300 SOUTH ROAD BALTIMORE
City-State-Zip: BALTIMORE MD 21209

Title DIRECTOR
Name STEPHENS, BRIAN
Address 2597 EDGEBROOK LANE
City-State-Zip: MANTECA CA 95336