

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702446

**Entity Name:** CHILDREN FIRST, INC.

**Current Principal Place of Business:**

1723 NORTH ORANGE AVENUE  
SARASOTA, FL 34234

**Current Mailing Address:**

1723 NORTH ORANGE AVENUE  
SARASOTA, FL 34234 US

**FEI Number:** 59-0968249

**Certificate of Status Desired:** Yes

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

TAVILL, PHILIP  
1723 N. ORANGE AVE.  
SARASOTA, FL 34234 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 PHILANTHROPY - STAFF  
Name ROGERS, JESSICA  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title CHAIR  
Name LEACH, BROCK REV  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title CHAIR EMERITAS  
Name RAY, JACQUELINE W PHD  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name BENSON, BARBARA  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name BERMAN, HOWARD  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title VICE CHAIR  
Name JOHNSON, KEITH G  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name SUAREZ, MICHAEL K  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title SECRETARY  
Name GIGLIO, LISA  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

**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.*

**SIGNATURE:** PHILIP TAVILL

**PRESIDENT & CEO**

**03/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JOHNSON, ANDREA  
Address 1723 N. ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title TREASURER  
Name ELIZABETH, STAMOULIS  
Address 1723 N. ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title PRESIDENT & CEO  
Name TAVILL, PHILIP D  
Address 1723 N. ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name MOULDS, ROBERT  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name LIEBERHER, REBECCA  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name MONDA, LINDA  
Address 1723 N. ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name STEPHAN, JOE  
Address 1723 N. ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name MAXHEIM, ELENOR  
Address 1723 N. ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name HUGHES, KENNETH  
Address 1723 NORTH ORANGE AVENUE  
City-State-Zip: SARASOTA FL 34234