

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 724048

Entity Name: KIDS, INCORPORATED OF THE BIG BEND

Current Principal Place of Business:

2326 CENTERVILLE ROAD
TALLAHASSEE, FL 32308

Current Mailing Address:

2326 CENTERVILLE ROAD
TALLAHASSEE, FL 32308 US

FEI Number: 23-7411718

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, LAFONDA
2326 CENTERVILLE ROAD
TALLAHASSEE, FL 32308 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: LAFONDA WILSON

12/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE CHAIR
Name MCCLURE, LEILA
Address 342 RUGER COURT
City-State-Zip: TALLAHASSEE FL 32312

Title CHAIR
Name THOMAS, PATTY BALL PHD
Address 444 GAMBLE STREET
BLDG. 166, ROOM 208D
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GALBAN-COUNTRYMAN, KIMBERLY
Address 3248 STORRINGTON DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name DESHA, JOSHUA L
Address 4103 BLIND BROOK COURT
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name WALKER, KAREN
Address 315 SOUTH CALHOUN STREET
SUITE 600
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LEWIS-BUTLER, MAGGIE
Address 419 MERCURY DRIVE
City-State-Zip: TALLAHASSEE FL 32305

Title DIRECTOR
Name GUNTER, BART
Address 3449 MAHONEY DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name WARREN, LESLIE
Address 1919 CHOWKEEBIN NENE
City-State-Zip: TALLAHASSEE FL 32301

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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: ANITA BUSHNYAKOVA, CFO

CFO

12/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name SJOSTROM, ERIN J
Address 6359 DUCK CALL COURT
City-State-Zip: TALLAHASSEE FL 32309

Title CEO
Name WILSON, LAFONDA
Address 2326 CENTERVILLE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name COHEN, LEONARD
Address 1505 SILVER SADDLE DR
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR
Name POUCHER, TRACI
Address 1511 KILLEARN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name CHARROIN, DAVID
Address 1980 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32308

Title CFO
Name BUSHNYAKOVA, ANITA V
Address 2326 CENTERVILLE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name EDWARDS, TALETHIA
Address 1802 SAXON STREET
City-State-Zip: TALLAHASSEE FL 32310