2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2025
Secretary of State
8647249869CC

DOCUMENT# 725470

Entity Name: AMIKIDS JACKSONVILLE, INC.

Current Principal Place of Business:

AMIKIDS JACKSONVILLE, INC.
13375 BEACH BOULEVARD
JACKSONVILLE, FL 32246

Current Mailing Address:

AMIKIDS JACKSONVILLE, INC.
13375 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

FEI Number: 59-1447527

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY & BUSEY
ONE INDEPENDENT DRIVE SUITE 3300
JACKSONVILLE, FL 32202 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	DIRECTOR
Name	HULL, DAVID J. ESQ.
Address	13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

Title	VC
Name	PROCTOR, JULIE
Address	13375 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	SURFACE, FRANK
Address	AMIKIDS JACKSONVILLE, INC. 13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	GILLIAM, RYAN
Address	AMIKIDS JACKSONVILLE, INC. 13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	THORNTON, MICHAEL A
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR
Name	JONES, RYAN H.
Address	AMIKIDS JACKSONVILLE, INC. 13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

Title	CHAIRMAN
Name	LEE, TANNER
Address	AMIKIDS JACKSONVILLE, INC. 13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	GORMAN, DAVID
Address	AMIKIDS JACKSONVILLE, INC. 13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

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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: MICHAEL A THORNTON DIRECTOR 03/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	EXECUTIVE DIRECTOR
Name	O'BRIEN-GADD, STEPHANIE
Address	AMIKIDS JACKSONVILLE, INC. 13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	LANE, GARY
Address	AMIKIDS JACKSONVILLE, INC. 13375 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246