2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2024
Secretary of State
6453146492CC

DOCUMENT# 735843

Entity Name: R'CLUB CHILD CARE, INC.

Current Principal Place of Business:

4140 49TH ST N
ST PETERSBURG, FL 33709

Current Mailing Address:

4140 49TH ST N
ST PETERSBURG, FL 33709

FEI Number: 59-1704870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALLINGER, DEBRA
4140 49TH STREET, NORTH
ST. PETERSBURG, FL 33709 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: DEBRA BALLINGER 01/12/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	O
Name	MARTINO, LEE R
Address	1038 ROMANO COURT, NE
City-State-Zip:	ST. PETERSBURG FL 33702

Title	CFO
Name	MCAVADDY, ERICKA M
Address	4140 49TH STREET NORTH
City-State-Zip:	ST PETERSBURG FL 33709

Title	O
Name	MORIARTY, THOMAS
Address	3637 4TH STREET N, #210
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	O
Name	PRINGLE, ED
Address	1618 60TH AVENUE SOUTH
City-State-Zip:	ST PETERSBURG FL 33712

Title	P
Name	RUPPEL, DENNIS
Address	PO BOX 15757
City-State-Zip:	CLEARWATER FL 33766

Title	O
Name	JONES, THERESA
Address	P.O. BOX 3986
City-State-Zip:	ST. PETERSBURG FL 33731

Title	S
Name	LANDRESS, SUE
Address	8178 124TH STREET
City-State-Zip:	SEMINOLE FL 33772

Title	O
Name	WILLIAMS, YVONNE DR.
Address	6021 142ND AVENUE N.
City-State-Zip:	CLEARWATER FL 33760

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: ERICKA MCAVADDY CFO 01/12/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	O
Name	SMITH, JEFF
Address	150 2ND AVE N STE 1400
City-State-Zip:	ST PETERSBURG FL 33701

Title	O
Name	KENNEDY, THOMAS
Address	908 WELLINGTON DR
City-State-Zip:	CLEARWATER FL 33764

Title	O.
Name	PICKETT, BECKY
Address	164 DOUGLAS ROAD EAST
City-State-Zip:	OLDSMAR FL 34677

Title	O.
Name	SAWYER, DA'JUH
Address	P.O. BOX 530133
City-State-Zip:	ST. PETERSBURG FL 33747

Title	O.
Name	WILLIAMS, ROBERT WESTON DR.
Address	2300 S. BELCHER ROAD
City-State-Zip:	LARGO FL 33771

Title	O.
Name	BROWNING , JENNIFER
Address	3619 BAYSHORE BLVD. NE
City-State-Zip:	ST. PETERSBURG FL 33703

Title	VP
Name	ROBINSON-FLOWERS, RENE
Address	315 COURT STREET
City-State-Zip:	CLEARWATER FL 33756

Title	TREASURER
Name	HARLESS, BARCLAY
Address	158 BEACH DRIVE NE
City-State-Zip:	ST PETERSBURG FL 33701

Title	O.
Name	LAJOIE, DIANE
Address	7450 14TH STREET NE
City-State-Zip:	ST. PETERSBURG FL 33702

Title	O.
Name	EDMOND, CAPRICE CARE
Address	301 4TH STREET SW
City-State-Zip:	LARGO FL 33770

Title	O.
Name	MOZELL, DAVIS
Address	3521 FAIRFIELD AVENUE S.
City-State-Zip:	ST PETERSBURG FL 33711

Title	O.
Name	KRAWCZYK, LAUREN
Address	100 BEACH DRIVE NE SUITE 102
City-State-Zip:	ST. PETERSBURG FL 33701