

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741389

**Entity Name:** WIRA CHRISTMAS KIDS, INC.

**Current Principal Place of Business:**

4100 METZGAR RD.  
FORT PIERCE, FL 34947

**Current Mailing Address:**

14105 ANGLE ROAD  
FORT PIERCE, FL 34945 US

**FEI Number:** 59-1829834

**Certificate of Status Desired:** Yes

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

DUNN, CLEO  
14105 ANGLE ROAD  
FORT PIERCE, FL 34945 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 PD  
Name WYATT, CAROL  
Address 444 SOUTHWEST JACKSON PLACE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title TD  
Name DUNN, CLEOPATRA  
Address 14105 ANGLE ROAD  
City-State-Zip: FORT PIERCE FL 34945

Title VD  
Name BURCHFIELD, ED  
Address 924 C SAVANNA'S POINT DRIVE  
City-State-Zip: FORT PIERCE FL 34982

Title SD  
Name WILSON, JANE  
Address 2003 ESPLANDE AVENUE  
City-State-Zip: FORT PIERCE FL 34982

Title D  
Name WYATT, GREG  
Address 444 SOUTHWEST JACKSON PLACE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title D  
Name DUNN, EARNEST  
Address 14105 ANGLE ROAD  
City-State-Zip: FORT PIERCE FL 34945

*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:** CLEOPATRA B. DUNN

**TREASURER**

**03/18/2019**

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

\_\_\_\_\_  
Date