

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754696

**Entity Name:** THE KIMBERLY HOME, INC.

**Current Principal Place of Business:**

1189 N.E. CLEVELAND ST.  
CLEARWATER, FL 33755

**Current Mailing Address:**

1189 N.E. CLEVELAND ST.  
CLEARWATER, FL 33755 US

**FEI Number: 59-2077208**

**Certificate of Status Desired: No**

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

KELLY, ROBERT ESQ.  
1189 N.E. CLEVELAND ST.  
CLEARWATER, FL 33755 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: ROBERT KELLY**

**02/09/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GRAY, PHILIP J  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title CHAIRMAN  
Name REHM, SCOTT  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title CEO  
Name KELLY, KATHLEEN M  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title SECRETARY  
Name BEATTY, KATHLEEN SSJ  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name REHM, MARY  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name QUILL, MICHAEL  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name NORMANDIN, ANNMARIE  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title TREASURER  
Name POPSON, JOHN  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

**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: KATHLEEN M. KELLY**

**CEO**

**02/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VC  
Name MCCARTHY, MICHAEL  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name TRAUTWEIN, WILLIAM T  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name MCCRAE, KAREN  
Address 1189 N.E. CLEVELAND ST.  
City-State-Zip: CLEARWATER FL 33755