

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000515

Entity Name: FLORIDA COALITION FOR CHILDREN FOUNDATION, INC.**Current Principal Place of Business:**317 EAST PARK AVE
TALLAHASSEE, FL 32301**Current Mailing Address:**317 EAST PARK AVE
TALLAHASSEE, FL 32301 US**FEI Number:** 59-3619798**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, KURT
317 EAST PARK AVE
TALLAHASSEE, FL 32301 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:** KURT KELLY

01/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name DIBRIZZI, MICHAEL
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT, CEO
Name KELLY, KURT
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GREGORY, BRAD
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name PETION, JENN
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name REIN, LARRY
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name CARROLL, MIKE
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name KROGER, LISA
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name SMYTHE, JULIE
Address 317 EAST PARK AVE
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: KURT KELLY

PRESIDENT & CEO

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SLATER, BRENA
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title VC
Name JACOBO, ESTHER
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GLYNN, GERRY
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name SHEFFER, CHERI
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name RICKUS, IRENE
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name FRANCO, ELIZABETH
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name MCGRATH, KELLY
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name SIEFKER, SCHUYLER
Address 317 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301