

**2021 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

01/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title CHAIR EMERITUS  
Name DELOACH, CAROL  
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 CHAIRMAN  
Name WYNTER, ELIZABETH  
Address 317 EAST PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301

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

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

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

Title DIRECTOR  
Name ENDERS, KEVIN  
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**

01/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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

Title DIRECTOR  
Name WICKHAM, MARK  
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 SHEA, NEIKO  
Address 317 EAST PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301