

2020 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

01/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DIBRIZZI, MIKE
Address 4910-D CREEKSIDE DR.
City-State-Zip: CLEARWATER FL 33760

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

Title TREASURER
Name LOTT, APRIL
Address 1437 S. BELCHER RD.
City-State-Zip: CLEARWATER FL 33764

Title VC
Name REIN, LARRY
Address 1100 W. MCNAB RD.
City-State-Zip: FT. LAUDERDALE FL 33309

Title CHAIR EMERITUS
Name DELOACH, CAROL
Address 1860 SW FOUNTAINVIEW BLVD.
SUITE 200
City-State-Zip: PORT ST. LUCIE FL 34986

Title CHAIR
Name WYNTER, ELIZABETH
Address 1115 HILLSBORO MILE
City-State-Zip: HILLSBORO BEACH FL 33062

Title SECRETARY
Name PENNYPACKER, STEPHEN
Address 5950 N.W. 1ST PL.
SUITE I54
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name EAST, PAM
Address 525 N. MLK JR. BLVD.
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

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JACOBO, ESTHER
Address 401 NW 2ND AVE.
SOUTH TOWER 10TH FLOOR
City-State-Zip: MIAMI FL 33128

Title DIRECTOR
Name PYE, DUSTY
Address 9428 BAYMEADOWS RD.
BLDG. III SUITE 320
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SLATER, BRENA
Address 1500 INDEPENDENCE BLVD.
SUITE 210
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name WICKHAM, MARK
Address 7524 PLATHE RD.
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name LUKASIK, TOM
Address 2717 W. CYPRESS CREEK RD.
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name SCARPELLI, PHIL
Address 2301 W. EAU GALLIE BLVD.
SUITE 104
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR
Name SWEET, ANDRY
Address 482 S. KELLER RD.
City-State-Zip: ORLANDO FL 32810