

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004260

Entity Name: FLORIDA K OF C CHARITIES, INC.

Current Principal Place of Business:

1550 WEXFORD DRIVE NORTH
C/O PAUL KOPPIE
PALM HARBOR, FL 34683

FILED
Apr 21, 2015
Secretary of State
CC0138276142

Current Mailing Address:

1550 WEXFORD DRIVE NORTH
C/O PAUL KOPPIE
PALM HARBOR, FL 34683 US

FEI Number: 59-3659193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHONEFELD, JAMES J
3242 HAWKS NEST DRIVE
KISSIMMEE, FL 34741-7520 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 PRESIDENT
Name KOPPIE, PAUL M
Address 1550 WEXFORD DRIVE NORTH
 C/O PAUL KOPPIE
City-State-Zip: PALM HARBOR FL 34683

Title VP
Name VETTOREL, DON E
Address 5271 N. W. 90TH TERRACE
City-State-Zip: CORAL SPRINGS FL 33067

Title DIRECTOR
Name O'CONNOR, SCOTT A
Address 1406 S.W. 159 TH AVE
City-State-Zip: PEMBROKE PINES FL 33027

Title SECRETARY
Name GOOLESBY, DON
Address 1523 GASDORF LANE
City-State-Zip: WESTVILLE FL 32464

Title TREASURER
Name KAHRER, DONALD TJR
Address 829 GROVESMER E LOOP
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name LOPEZ, RAFE G
Address 2290 NW 129TH TERRACE
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name SKINDELESKI, THOMAS MSGR.
Address 840 GEORGE BUSH BLVD
City-State-Zip: DELRAY BEACH FL 33468

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: PAUL M KOPPIE

PRESIDENT

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date