2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004260

Entity Name: FLORIDA K OF C CHARITIES, INC.

FILED
Mar 19, 2014
Secretary of State
CC5121577394

Current Principal Place of Business:

1550 WEXFORD DRIVE NORTH C/O PAUL KOPPIE

PALM HARBOR, FL 34683

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 Title VP

Name KOPPIE, PAUL M Name VETTOREL, DON E

Address 1550 WEXFORD DRIVE NORTH Address 5271 N. W. 90TH TERRACE

C/O PAUL KOPPIE

City-State-Zip: CORAL SPRINGS FL 33067

City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR Title SECRETARY

Name O'CONNOR, SCOTT A

Name GOOLESBY, DON

Address 1523 GASDORF LANE

Address 1406 S.W. 159 TH AVE City-State-Zip: WESTVILLE FL 32464

City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR
Title TREASURER

Name LOPEZ, RAFE G
Name KAHRER, DONALD TJR

Address 829 GROVESMER E LOOP

Address 829 GROVESMER E LOOP

City-State-Zip: PEMBROKE PINES FL 33028

City-State-Zip: ORLANDO FL 34761

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 KOPPIE PRESIDENT 03/19/2014