

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001232

**Entity Name:** 4KIDS OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**827 S. SR 7  
NORTH LAUDERDALE, FL 33068**Current Mailing Address:**827 S. SR 7  
NORTH LAUDERDALE, FL 33068**FEI Number:** 61-1416525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL R. ALFIERI, P.L.  
5143 NW 42 TERRACE  
COCONUT CREEK, FL 33073 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:** PAUL R. ALFIERI, ESQ.

02/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SAUDER, DOUGLAS R  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR, CHAIRMAN  
Name FOREMAN, JOHN  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title SECRETARY  
Name LUKASIK, THOMAS L  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name CAMPION, SUEANNE  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name DAVELL, WILLIAM  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name OUELETTE, RAY  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name SCHECHTER, JOHN  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name TCHIVIDJIAN, LISA  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

**Continues on page 2**

*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:** DAVID FEE**PRESIDENT**

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DAVIS, MARK T  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name SEHLKE, J.J.  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name GROOMS, HANK  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR, PRESIDENT  
Name FEE, DAVID  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name KREISEL, MARK  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title VP, TREASURER  
Name JOHN, MATHEW K  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name KRAVITZ, NORMAN  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name CAVANAGH, BRENDAN  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name JEFFRIES, BRIDGET  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name SPRAGUE, KARL  
Address 827 S. SR 7  
City-State-Zip: NORTH LAUDERDALE FL 33068